

DISTRIBUTION		
SANTA FE		<input checked="" type="checkbox"/>
FILE		<input checked="" type="checkbox"/>
U.S.G.S.		<input checked="" type="checkbox"/>
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

I. Operator
Sun Exploration & Production Co.
Address
P.O. Box 1861 Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Chaves "A" Federal	1	Pecos Slope Abo	State, Federal or Fee Federal	NM 02258
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>7-S</u> Range <u>26-E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline	Box 2472, Suite 614, 1st Nat'l Bank Bldg. Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		NO
If this production is commingled with that from any other lease or pool, give commingling order number:		When <u>7-20-82</u> <u>Waiting on pipeline hook-</u>

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-2-82	7-21-82	5366	5301' 5132					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3719.0 GR	Abo	3907 3932	4499					
Perforations			Depth Casing Shoe					
3932-4288								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13-3/8	316	320sxs					
12 1/4	8-5/8	1543	700sxs					
7-7/8	5-1/2	5366	1600sxs					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

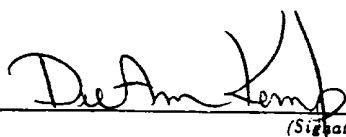
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1870	7 hrs	0	
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Flowing		720	

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Accounting Assistant II

(Title)

August 5, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 0 8 1983
Original Signed By
BY Ledia A. Clements
Supervisor District II
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form are filled out completely for allowable on new and recomple

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple

TEX -MEX DRILLING COMPANY

RECEIVED



P.O. BOX 3759
ABILENE, TEXAS 79604
PHONE 915/677-9121
Myrle Greathouse

BOX 1300
CLOVIS STAR ROUTE
ROSWELL, N. MEX. 88201
PHONE 505-622-0022
Monte Cowser

OCT 26 1982
O. C. D.
ARTESIA, OFFICE

October 20, 1982

Sun Exploration & Production ✓
P.O. Box 1861
Midland, TX 79702

RE: Chaves A Federal No. 1
Chaves County, NM

Deviation Test

317	1/2
1000	1/2
1506	1/2
2250	3/4
2500	3/4
3083	1
3450	1
3828	1
4245	3/4
4631	3/4
5062	1
5331	3/4

TEX-MEX DRILLING CO.

By Monte Cowser
Monte Cowser, Vice President

Subscribed and sworn to before me this 20th day of October

19 82. Kathy Smith Chaves, New Mexico.
Notary Public County

My Commission Expires 6-4, 19 86.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

AUG 04 1983

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE August 2, 1983

This is to notify the Oil Conservation Division that connection for the
purchase of gas from the Sun Exploration & Production Co.
Operator

Chaves "A" Fed.
Lease

21-7S-26E, Chaves County
S.T.R.

#1 - Unit Letter ^BUnknown
Well Unit

R. K. Berdy
Undesignated (Abo)
Pool

Transwestern
Name of Purchaser

was made on July 27, 1983

Transwestern Pipeline Company
Company

A. K. Berdy A. K. Berdy
Representative

Jr. Analyst Contract Administration
Title

cc: Operator
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501