						
DISTRIBUTION	NE	EW MEXICO OIL				
SANTA FE		REQUES	T FOR ALLOWABLE	HON	Form C-104	
U.S.G.S.			AND		Effective 1-1	01d C+104 and (-65
LAND OFFICE	AUTHORIZ	ZATION TO TR	RANSPORT OIL AND NA	TURAL CAS		
	-+			IONAL OAS		
TRANSPORTER GAS	/ /			REC	EIVED	
OPERATOR						
PRORATION OFFICE	-+			1111 o	1 1000	
Operator				JUL 2	1 1982	
Sun Exploration & H	Production Co	/				
Address				<u> </u>		
P.O. Box 1861 Mic	lland, Texas 79	9702		ARTESIA,	OFFICE	
Reason(s) for filing (Check prop	er box)		Other (Please ex	plain		
	Change in Tra	nsporter of:				
	011	Dry	Gas			
Change in Ownership	Casinghead Go	IS Cond	lensate			
If change of ownership give n	ame					
and address of previous owner						
I. DESCRIPTION OF WELL						
Lease Name	Well No.: Pool	l Name, Including	P			
Chaves "A" Federal	3 Pe	os can. Slope		nd of Lease		Lease No.
Location		.cam. Slope	<u>Abo</u> Sta	tte, Federal or Fee	<u>Federal</u>	NM02258
Unit Letter D	660	T7 (
, - · · · · · · · · · · · · · · · · · ·	Feet From The	e <u>west</u> l	ine and660 F	eet From The <u>N</u>	orth	
Line of Section 21	Township 7-S	Range				
		i diige	26-е , ммрм,		Chaves	County
L DESIGNATION OF TRANS	PORTER OF OIL ANI) NATURAL G	45			
Nome of Authorized Transporter	of Cil or Conden	sate	Address (Give address to w)	tich approved copy	of this form i	
None					of this form is	to be sent)
Name of Authorized Transporter	of Casinghead Gas 🗌 🛛 c	or Dry Gas 🔀	Address (Give address to w)	nich approved copy	of this form is	to he
Transwestern Pipeli	ne Co.		I DUX 2472. SHITE	hla let Not	t'l Bank	Bldg.
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Odessa, Texas is gas actually connected?	79760	A 20 01	
give location of tanks.	ا ا ا		NO- Var	Waiting		line
If this production is commingle COMPLETION DATA	d with that from any oth	er lease or pool	give commingling order au-	have	not ree d	hook-up-
COMPLETION DATA			, give comminging order nur	.10er:		
Designate Type of Comp	$rac{OII Wel}{V}$	11 Gas Well	New Well Workover D	eepen Plug Bo	ack Same Re:	s'v. Diff. Res'v
Date Spudded	i	<u> </u>	X	f L	1	1
	Date Compl. Ready	to Prod.	Total Depth	P.B.T.I	D.	- <u> </u>
4-24-82 Elevations (DF, RKB, RT, GR, e	7-7-82		5197	51!	9 4995	
		Formation	Top Oil/Gas Pay		Tubing Depth	
<u>3624 GR</u> Perforations	ABO		-3781	-491	-4917	
3956-4302				Depth C	Casing Shoe	
HOLE SIZE	CASING & TU	G, CASING, AN	D CEMENTING RECORD			
17 ¹ /2	13-3/8	JBING SIZE	DEPTH SET		SACKS CEM	IENT
$12\frac{1}{3}$	8-5/8		303		320sx	
7-7/8	$5 - \frac{1}{5}$		1603		850 sxs	
			5197		500 sxs	
TEST DATA AND REQUES	T FOR ALLOWARTE	·····				
OIL WELL		able for this di	ifter recovery of total volume of epth or be for full 24 hours)	load oil and must l	be equal to or e	xceed top allow
Date First New Oil Run To Tanks	Date of Test	<u> </u>	Producing Method (Flow, pun	1D. gas lift. etc. 1		
				••••••••••••••••••••••••••••••••••••••		
Length of Test	Tubing Pressure		Casing Pressure	Choke S		
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	Gas-MC		
l						
				<u> </u>		
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	······	Bbls. Condensate/MMCF	Gravity	of Condensate	
151	24 hrs		0			
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)	Choke S.		
Flow	30		190	12/		
CERTIFICATE OF COMPLI	ANCE			SERVATION C		·
					OMMISSION	4
I hereby certify that the rules a	nd regulations of the Oil	1 Conservation	APPROVED AUG	0 8 1983		19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief,			Enternal Staned By			
			BYLeslie A. Clamenw			
、)	\		4	for District H		
\square \square \square	N					
1 bittmm Kom	h		This form to to fi			
(S	igneture)		If this is a request f well, this form must be a	or allowable for a	newly driller	d or deepened
Accounting Assistan	-		well, this form must be a tests taken on the well i	n accordance wit	teodistion of the RULE 111.	ine deviation
	(Title)		All sections of this (form must be fille		
July 15, 1982			able on new and recompl	eted wells.		-
	(Date)		Fill out only Sectio	ns I, II, III, and	VI for chang	es of owner,
		ł	well name or number, or tr	anaporter, or other	r such Change	of condition.
						n in multinly

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