

DISTRIBUTION			
SANTA FE		✓	
FILE		✓	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	✓	
OPERATOR		✓	
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-1  
Effective 1-1-65

GAS RECEIVED BY
SEP 30 1983
O. C. D.
ARTESIA, OFFICE

I.

Operator Sun Exploration & Production Co. ✓	
Address P. O. Box 1861 - Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chaves "A" Federal	Well No. 2	Pool Name, including Formation Pecos Gorge Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM0225884
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>760</u> Feet From The <u>East</u>				
Line of Section <u>17</u> Township <u>7-S</u> Range <u>26-E</u> NMMP, Chaves 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)
Unknown at this time Transwestern Pipeline Co.	P.O. Box 2521, Houston, Tx. 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	No waiting on pipeline 4-25-81

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		✓	✓					
Date Spudded 5-12-83	Date Compl. Ready to Prod. 8-25-83	Total Depth 5049	P.B.T.D. 4983					
Elevations (DF, RKB, RT, GR, etc.) 3583.5 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3708 3732	Tubing Depth 3664 3671					
Perforations 3860-3882, 3816-3820, 3732-3746, 4054-4060			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13-3/8	300	400 SXS
12 1/2	8-5/8	1602	950 SXS
7-7/8	5 1/2	5049	500 SXS
	2 3/8	3671	

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
3325	24 hours	0	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure			

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.


Sr. Accounting Assistant
(Title)
9-20-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED	MAY 10 1984	19
BY		
TITLE	OIL AND GAS INSPECTOR	

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 must be filled out completely for allowable on new and recompleted wells.

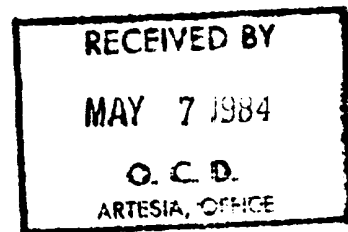
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210



NOTICE OF GAS CONNECTION

DATE May 1, 1984

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

Chaves "A" Fed.  
Lease

#2 - Unit Letter <sup>F</sup>Unknown  
Well Unit

17-7S-26E, Chaves County  
S.T.R.

Pecos Slope (Abo)  
Pool

Transwestern  
Name of Purchaser

was made on April 25, 1984

Transwestern Pipeline Company  
Company

Rodney C. Burke Rodney C. Burke  
Representative

Jr. Analyst, Contract Administration  
Title

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