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State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Petroleum Production Management, Inc.</b>		Well API No. <b>30-025-00964</b>
Address <b>Suite 200/Sutton Place Bldg. Wichita, Kansas 67202</b>		CASINGHEAD GAS MUST NOT BE <b>FLARED AFTER 5-6-90</b>
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Reentry Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Request for allowable		UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Sunray 682 Ltd.</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Lane San Andres</b>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other <input type="checkbox"/>	Lease No. <b>L-332</b>
Location Unit Letter <b>J</b> : <b>1980</b> Feet From The <b>East</b> Line and <b>1980</b> Feet From The <b>South</b> Line Section <b>36</b> Township <b>9-S</b> Range <b>33-E</b> , <b>NMPM</b> Lea County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Phillips Petroleum Co. (Trucks)</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 5400, Bartlesville, Okla. 74005-5400</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma 74100</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>36</b>	Twp. <b>9S</b>	Rge. <b>33E</b>	Is gas actually connected? <b>No</b>	When ? _____

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <b>2-10-90</b>	Date Compl. Ready to Prod. <b>3-6-90</b>		Total Depth <b>5297'</b>		P.B.T.D. <b>5190'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4270' GR</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>4620'</b>		Tubing Depth <b>5190'</b>			
Perforations <b>4630' - 40' with 4 JSPF</b>					Depth Casing Shoe <b>5297'</b>			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>336'</b>	<b>350</b>
<b>12 1/4"</b>	<b>9 5/8"</b>	<b>3999'</b>	<b>1700</b>
<b>8 3/4"</b>	<b>7"</b>	<b>5297'</b>	<b>450</b>
---	<b>2 7/8"</b>	<b>5190'</b>	---

### 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 Tank <b>3-6-90</b>	Date of Test <b>3-16-90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>50#</b>	Casing Pressure <b>15#</b>	Choke Size <b>2"</b>
Actual Prod. During Test	Oil - Bbls. <b>85</b>	Water - Bbls. <b>91</b>	Gas - MCF <b>17</b>

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature W.M. Groesbeck District Engineer  
Printed Name W.M. Groesbeck Title  
Date 3-16-90 Telephone No. 675-2478

### OIL CONSERVATION DIVISION

**MAR 19 1990**

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Orig. Signed by  
**Paul Kautz**  
Geologist

Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

MAR 19 1990

OCD  
HOBBS OFFICE