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| SANTA FE               |     |              |  |
| FILE                   |     |              |  |
| U.S.G.S.               |     |              |  |
| LAND OFFICE            |     |              |  |
| TRANSPORTER            | OIL |              |  |
|                        | GAS |              |  |
| OPERATOR               |     |              |  |
| PRODUCTION OFFICE      |     |              |  |

W MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-101 and C-111

Effective 1-1-65

RECEIVED

SEP 20 '79

|                                         |                                     |                                     |                          |
|-----------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Operator                                |                                     | Sun Oil Company                     |                          |
| Address                                 |                                     | P. O. Box 1861 Midland, Texas 79702 |                          |
| Reason(s) for filing (Check proper box) |                                     | Oil Conservation Div.               |                          |
| New Well                                | <input type="checkbox"/>            | Change in Transporter of:           |                          |
| Recompletion                            | <input checked="" type="checkbox"/> | Oil                                 | <input type="checkbox"/> |
| Change in Ownership                     | <input type="checkbox"/>            | Casinghead Gas                      | <input type="checkbox"/> |
|                                         |                                     | Dry Gas                             | <input type="checkbox"/> |
|                                         |                                     | Condensate                          | <input type="checkbox"/> |

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                       |                   |
|-----------------|----------|--------------------------------|-----------------------|-------------------|
| Lease Name      | Well No. | Pool Name, including Formation | Kind of Lease         | Lease No.         |
| U. D. Sawyer    | 9        | Crossroads, Penn.              | State, Federal or Fee |                   |
| Location        |          |                                |                       |                   |
| Unit Letter     | H        | 1980 Feet From The             | North Line and        | 990 Feet From The |
|                 |          |                                |                       | East              |
| Line of Section | 27       | Township                       | 9S                    | Range             |
|                 |          |                                |                       | 36E, NMPM, County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |              |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |              |
| Mobil Pipe Line Company                                                                                                  | Box 900 Dallas, Texas 75221                                              |              |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |              |
| Warren Petroleum Company                                                                                                 | Box 1589 Tulsa, Okla. 74102                                              |              |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit                                                                     | Sec.         |
|                                                                                                                          | J                                                                        | 27           |
|                                                                                                                          |                                                                          | 9S           |
|                                                                                                                          |                                                                          | 36E          |
| Is gas actually connected?                                                                                               | Yes                                                                      | When         |
|                                                                                                                          |                                                                          | October 1973 |

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

COMPLETION DATA

|                                    |                             |          |                 |          |                   |           |             |              |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Restv. | Diff. Restv. |
|                                    | X                           |          |                 | X        |                   | X         |             | X            |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |              |
| 8-3-79                             | 8-16-79                     |          | 12,066          |          | 12,035            |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |              |
| 4026.2 GR                          | Pennsylvanian               |          | 9453            |          | 8035              |           |             |              |
| Perforations                       |                             |          |                 |          | Depth Casing Shoe |           |             |              |
| 11,358 - 11,368                    |                             |          |                 |          |                   |           |             |              |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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.) |            |
| 8-17-79                         | 8-30-79         | Flow                                          |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| 24 hours                        | 200             |                                               | 20/64      |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |
| 47                              | 47              | 24                                            | 491        |

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            |
|                                  |                           |                           |                       |

CERTIFICATE OF COMPLIANCE

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.

Louis Williams

(Signature)

Accounting Asst.

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 21 1979

BY

TITLE SUPERVISOR DISTRICT 1

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 re-completed 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.