

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8/1/84
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "BA" State	Well No. 1	Pool Name, Including Formation Siete San Andres	Kind of Lease State, Federal or Fee	State	Lease No.
Location					
Unit Letter D	990	Feet From The North	Line and 610	Feet From The West	
Line of Section 16	Township 8-S	Range 31-E	, NMPM,		Chaves 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> CitiesService Company	Address (Give address to which approved copy of this form is to be sent) Box 1919 Midland, Tx 79702					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Senior Accounting Assistant

June 4, 1984

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 6 1984**, 19_____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
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 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 multiply completed wells.

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 4-13-84	Date Compl. Ready to Prod. 5-16-84	Total Depth 3900		P.B.T.D. 3853					
Elevations (DF, RKB, RT, GR, etc.) 4213.5' GR	Name of Producing Formation N Marker	Top Oil/Gas Pay 3548		Tubing Depth 3671					
Perforations 3750-3766, 3716-3728		Depth Casing Shoe 3671							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4"	8-5/8	1330'		450sxs Howco Light					
				200 sxs C					
7-7/8	5-1/2	3900		450 sxs C					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-9-84		Date of Test 6-2-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls. 85	Water - Bbls. 10	Gas - MCF 58	

GAS WELL

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

JUN 5 1984
O.C.D.
HOBBS OFFICE