-ubmit 5 Copies peropriate District Office <u>DSTRICT I</u> .O. Box 1980, Hobbe, NM 88240

<u>)ISTRICT II</u> 2.0. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

|  | TC                     | ) IHANS                  | PORTOIL                               | AND NAT           | UHAL GA                               | S<br>Well Al                                  | I No.            |                 |            |
|--|------------------------|--------------------------|---------------------------------------|-------------------|---------------------------------------|---|------------------|-----------------|------------|
| perator  |                        |                          |                                       |                   |                                       |   | -025 <u>-232</u> | 66              |            |
| Oryx Energy Company  |                        |                          |                                       | ······            |                                       |   | 023-232          |                 |            |
| daress<br>P. O. Box 1861, Midla                                | nd. Texa               | as 79702                 |                                       |                   |                                       |   |                  |                 |            |
| Leason(s) for Filing (Check proper box)                        |                        |                          |                                       | Other             | (Please explain                       | n)  |                  |                 |            |
| iew Well   | a                      | hange in Tran            | • •                                   |                   |                                       |   |                  |                 |            |
| Lecompletion 🔲   | Oil                    | ⊔ Dry                    |                                       |                   |                                       |   |                  |                 |            |
| Lange in Operator  | Casinghead (           |                          | densate                               |                   |                                       | 7 100   | 1 1/2 11         | and Ton         | 7970       |
| change of operator give name                                   | Sun Exp                | loration                 | a & Produc                            | tion Co.          | <u>, P. O.</u>                        | Box 186                                       | <u>, Midi</u>    | and, lex        | as 1910    |
| L DESCRIPTION OF WELL  | AND LEAS               | SE.                      |                                       |                   |                                       |   | · · · s          | tate            |            |
| Lease Name   |                        |                          | I Name, Includin                      | g Formation       |                                       |   | Lease            |                 | ase No.    |
| New Mexico "R" State   |                        | 2 Ce                     | erca Upper                            | r Penn            |                                       | State, I                                      | Federal or Fee   | 0G-52           | 217        |
| location   |                        |                          |                                       |                   | 0.1.0                                 | ~   |                  |                 |            |
| Unit LetterH   | _:6                    | <u>60 Fee</u>            | t From The $\underline{E}$            | <u>ast</u> Line   | and212                                | 9 Fa  | t From The       | North           | Line       |
| Section 33 Townshi   | <b>p</b> 13–S          | Ber                      | <b>же</b> 34-Е                        | NM                | MM, Lea                               |   |                  |                 | County     |
| Section 33 Townshi   | <b>p</b> <u>10-5</u>   | Ka                       | 1go <u>34-E</u>                       |                   | ing dea                               |   |                  |                 |            |
| II. DESIGNATION OF TRAN  | SPORTER                | OF OIL                   | AND NATU                              | RAL GAS           |                                       |   |                  |                 |            |
| Name of Authorized Transporter of Oil                          |                        | r Condensate             |                                       | Address (Giw      | address to wh                         | ich approved                                  | copy of this f   | orm is to be se | nt j       |
| Amoco Pipeline Company   |                        |                          |                                       | 111-10            | e address to wh                       | ich en menned                                 | com of this fi   | orm is to be se |            |
| Name of Authorized Transporter of Casin                        |                        |                          | Dry Gas 🛄                             |                   | <u>adares 10 w</u><br>Box <u>1589</u> |   |                  |                 | -,         |
| Warren Petroleum Comp<br>If well produces oil or liquids,      |                        | Sec. Tw                  | n Rge.                                | Is gas actually   |                                       | When  |                  | 4               |            |
| it well produces on or inquirit,<br>give location of tanks.    | N                      |                          | 13S 34E                               |                   | es                                    |   |                  |                 |            |
| f this production is commingled with that                      | from any other         | r lease or pool          | l, give commingi                      | ing order numb    | xer:                                  |   |                  |                 |            |
| IV. COMPLETION DATA  |                        | ·                        | · · · · · · · · · · · · · · · · · · · | ······            | ·                                     | <u> </u>                                      |                  | De Durin        | Diff Restu |
| Designed Trans of Completion                                   | <u> </u>               | Oil Well                 | Gas Weil                              | New Well          | Workover                              | Deepen  | Plug Back        | Same Res'v      | Diff Res'v |
| Designate Type of Completion                                   |                        | Ready to Pr              | <u> </u>                              | Total Depth       |                                       | L   | P.B.T.D.         | 1               |            |
| Date Spudded   | Date Compt             | . Kealy w Pr             |                                       |                   |                                       |   |                  |                 |            |
| Elevations (DF, RKB, RT, GR, etc.)                             | Name of Pro            | ducing Form              | ation                                 | Top Oil/Gas       | Pay                                   |   | Tubing Dep       | oth             |            |
|  |                        |                          |                                       |                   |                                       |   |                  |                 |            |
| Perforations   |                        |                          |                                       |                   |                                       |   | Depth Casi       | ag Suce         |            |
|  |                        |                          | ASING AND                             | CENENTT           | NC PECOR                              | <u>חי</u>                                     | <u> </u>         |                 |            |
|  |                        | SING & TUBI              |                                       | CEIVILIA          | DEPTH SET                             |   | 1                | SACKS CEM       | IENT       |
| HOLE SIZE  | CAS                    | ANG & TOD                |                                       |                   |                                       |   |                  |                 |            |
|  |                        |                          |                                       |                   |                                       |   |                  |                 |            |
|  |                        |                          |                                       |                   |                                       |   |                  |                 |            |
|  |                        |                          |                                       | <u> </u>          |                                       |   |                  |                 |            |
| V. TEST DATA AND REQUE<br>OIL WELL (Test must be after         | ST FOR A               |                          | LL<br>load oil and mu                 | the equal to a    | e exceed too all                      | lowable for th                                | is depth or be   | for full 24 ho  | urs.)      |
| OIL WELL (Test must be after<br>Date First New Oil Run To Tank | Date of Tes            |                          |                                       | Producing M       | lethod (Flow, p                       | ump, gas lift,                                | etc.)            | <i></i>         |            |
| Late First New Oil Run 10 Fair                                 | Date of Tes            | *                        |                                       | -                 |                                       |   |                  | <u> </u>        |            |
| Length of Test   | Tubing Pre             | SUIC                     |                                       | Casing Press      | SULLE                                 |   | Choke Size       | e               |            |
|  |                        |                          |                                       | Division Division |                                       |   | Gas- MCF         |                 |            |
| Actual Prod. During Test                                       | Oil - Bbls.            |                          |                                       | Water - Bbl       | <b>6</b>                              |   |                  |                 |            |
|  |                        |                          |                                       | _ <u>_</u>        |                                       | ·   |                  | · · · ·         | ,          |
| GAS WELL   |                        |                          |                                       | Dhie Conde        | insate/MMCF                           |   | Gravity of       | Condensate      |            |
| Actual Prod. Test - MCF/D                                      | Length of              | Test                     | •                                     |                   |                                       |   |                  |                 |            |
| Testing Method (pitot, back pr.)                               | Tubing Pr              | essure (Shut-u           | a)                                    | Casing Pres       | sure (Shut-in)                        | <u> </u>                                      | Choke Siz        | .c              |            |
| Testing Method (pace, care p. )                                |                        | ····· <b>(</b> -····     | •                                     |                   |                                       |   |                  | · ·             |            |
| VL OPERATOR CERTIFI  |                        | COMPI                    | IANCE                                 |                   |                                       |   |                  |                 |            |
| I hereby certify that the rules and rep                        |                        |                          |                                       |                   | OIL CO                                | NSERV   |                  |                 |            |
| Division have been complied with a                             | nd that the info       | mation given             | above                                 |                   |                                       |   | 1                | UN 19           | 1989       |
| is true and complete to the best of m                          | i <b>y knowledge a</b> | und belief.              |                                       | Dat               | e Approv                              | ed  | V                | 011             |            |
| Maria P 1  | /<br>100               |                          |                                       |                   |                                       |   |                  | . Signed a      | <b>V</b>   |
| Simplure   |                        | ·····                    |                                       | By.               |                                       |   | Pa               | ul Kautz        | -          |
| Signature<br>Maria L. Perez                                    |                        |                          | untant                                |                   |                                       |   | Ģ                | eologist        |            |
| Printed Name   | · 0                    |                          | Title                                 | Tit!              | e                                     | <u>,                                     </u> |                  |                 |            |
| <u>4-25-89</u>   | 9                      | <u>15-688-(</u><br>Teler | 1375<br>hone No.                      |                   |                                       |   |                  |                 |            |

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.

| Submit 3 Copies<br>to Appropriate<br>District Office  | State of New M<br>Energy, Ainerals and Natural R  |  | Form C-103<br>Revised 1-1-89   |
|---|---|--|--|
| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240  | OIL CONSERVATIO<br>P.O. Box 20  |  | WELL API NO.   |
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210  | Santa Fe, New Mexico  | 87504-2088   | 30-025-23266<br>5. Indicate Type of Lease  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410  |   |  | 6. State Oil & Gas Lease No.<br>0G5217   |
| ( DO NOT USE THIS FORM FOR PRO<br>DIFFERENT RESEF<br>(FORM C  | CES AND REPORTS ON WE<br>POSALS TO DRILL OR TO DEEPEN<br>RVOIR. USE "APPLICATION FOR PE<br>101) FOR SUCH PROPOSALS.)  | OR PLUG BACK TO A  | 7. Lease Name or Unit Agreement Name   |
| 1. Type of Well:<br>OIL A GAS<br>WELL WELL  | OTHER   |  | New Mexico "R" State   |
| 2. Name of Operator<br>Sun Exploration & Duos   | lusti   |  | 8. Well No.  |
| Sun Exploration & Proc<br>3. Address of Operator  | luction Lo.   |  | 2  |
| P.O. Box 1861, Midlanc<br>4. Well Location  | l, Texas 79702  |  | 9. Pool name or Wildcat<br>Cerre (upper Penn)  |
| Unit Letter H:660   | Feet From TheEast   | Line and212  | 29 Feet From The North Line  |
| Section 33  | 12.6  | 24 F   |  |
|   | 10. Elevation (Show whether   | DF, RKB, RT, GR, etc.)   | VMPM Lea County  |
|   | 4140' GR  | Jature of Mating D   |  |
| NOTICE OF INT   | Appropriate Box to Indicate I<br>ENTION TO:   |  | Port, or Other Data<br>SEQUENT REPORT OF:  |
|   |   | REMEDIAL WORK  |  |
|   | CHANGE PLANS  | COMMENCE DRILLING  |  |
| PULL OR ALTER CASING  |   | CASING TEST AND CE   |  |
| OTHER:  |   | OTHER: Add P   |  |
| 12. Describe Proposed or Completed Operati<br>work) SEE RULE 1103.  | ons (Clearly state all pertinent details, and   | d give pertinent dates, includi  |  |
| 3/14/89 Perf Wolfcamp<br>Howco spot & Displaced<br>Raised and reset RBP @1<br>Acid from 10360-274', f<br>attempt to acdz wolfcan<br>pumped into the perfs @<br>tbg communicated w/ ann<br>3/15/89 Set pkr at 101<br>10314-58 w/2% KCL wtr 1<br>annulus. | Set I & II from 10341-<br>1500 gal's 15% NEFCHCL<br>0,375' tested to /500 <sup>±</sup> .<br>aised and set pkr @ 10<br>p set I & II perfs fro<br>1/2 BPM 4200#, opened<br>ulus, open by pass re<br>70' press annulus to 1<br>BPM at 4800# before s | 58 & 10314-21 W<br>acid into Penn<br>0.K. Howco spo<br>205'. pressured<br>m 10314-58 w/350<br>by-pass; contin<br>v acid to Pit.<br>000#, Howco EIR<br>witching to acid | D 1 JSPF 27 holes.<br>perfs 10398-407.<br>t 2 BBL's 15% NEFCHCL<br>annulus to 1000# Howco<br>D0 gal 15% NEFCHCL acid,<br>nued pumping @ 1/2 BPM 4200#<br>into Wolfcamp perfs Set I & II<br>d press communicated to |
| 3/16/89 RIH w/ 2 3/8"<br>3/31/89 24P 11 Bo 20   | DEN O HOI   | ' RIH w/2" X 1 1   | /4 X 24' pump.   |
| * Spotted Acid to p   | kr, closed by pass.   |  |  |
| I hereby certify that the information above is true a   | and complete to the best of my knowledge and b $\mathcal{V}_{\mathbf{x}}$   |  |  |
| SIGNATURE   | TPAir mu  | Accountant   | date 4-10-89   |
| TYPE OR PRINT NAME Maria L. PE  |   |  | TELEPHONE NO. 915 688-0375   |
| (This space for State Use)<br>ORIGINAL SIGNED<br>DISTRICT I S   | BY JERRY SEXTON<br>UPERVISOR  | ·  | APR 1 7 1989   |
| CONDITIONS OF APPROVAL, IF ANY:   |   |  | DATE   |

| NO. OF COPIES RECEIVED   |  |                                       |  |                           |                     |  |
|--|--|---------------------------------------|--|---------------------------|---------------------|--|
| DISTRIBUTION<br>SANTA FE   | NE'  | MEXICO OIL CONSE                      | RVATION COMMISSIO  | -                         | Form C-101          |  |
| FILE   |  |                                       |  | -                         | Revised 1-1         |  |
| U.S.G.S.   |  |                                       |  |                           | 5A. Indica<br>STATE | te Type of Lease                           |
| LAND OFFICE  |  |                                       |  | ŀ                         |                     | A FEE                                      |
| OPERATOR   |  |                                       |  |                           | 0G 52               |  |
|  |  |                                       |  |                           | 11111               |  |
| 1a. Type of Work   | IN FOR PERMIT IU   | D DRILL, DEEPEN,                      | OR PLUG BACK   |                           | 11111               |  |
| <b></b>  | 1  |                                       |  |                           | 7. Unit Agr         | eement Name                                |
| b. Type of Well DRILL  | J  | DEEPEN                                | PLUG I   | васк 🛣 📙                  | 8 Farm or           | Lease Name                                 |
| OIL GAS WELL   | O THER   |                                       | ZONE MUL   |                           |                     | Exico "R" State                            |
| 2. Name of Operator<br>Sun Oil Compa   |  | · · · · · · · · · · · · · · · · · · · | 20NE   | ZONE                      | 9. Well No.         |  |
| 3. Address of Operator   |  |                                       |  |                           |                     | 2  |
| -  | land, Texas 793  | 701                                   |  |                           |                     | nd Pool, or Wildcat                        |
|  |  |                                       | 27   |                           | Cerca l             | Jpper Penn                                 |
|  | ERLO   | CATED 4147 F                          | EET FROM THE North   | LINE                      |                     |  |
| AND FEET FROM  | East   | 33                                    | 13-S 3   | 34-Е                      | 111111              |  |
|  |  | <u> </u>                              | uiiinnui ii  | X X X X X X X             | 12. County          | ***********                                |
|  |  |                                       |  |                           | Lea                 |  |
|  |  |                                       |  | <u>MMM</u>                | m                   | iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii     |
|  |  |                                       |  |                           |                     |  |
|  |  |                                       | T  | 9A. Formation<br>Wer Wolf |                     | 20, Rotary or C.T.                         |
| 21. Elevations (Show whether DF  | ( <i>RT</i> , etc.) 21A, Kind  | & Status Plug. Bond 2                 |  | Wet WOII                  |                     |  |
| 4150 D.F.  |  | - Status Flug. Dona Z                 | -1B. Drilling Contractor   | -                         |                     | K. Date Work will start<br><b>approval</b> |
| 23.  |  |                                       | ······································   |                           |                     | approvar                                   |
|  | F  | PROPOSED CASING AND                   | CEMENT PROGRAM   |                           |                     |  |
| SIZE OF HOLE   | SIZE OF CASING   | WEIGHT PER FOOT                       | SETTING DEPTH  | SACKS OF                  | CEMENT              | EST. TOP                                   |
| <u>17-1/2"</u>   | 13-3/8"  | 48                                    | 455'   |                           |                     | Surf Circ                                  |
| 11"  | 8-5/8"   | 24 & 28                               | 4500   | 300                       | )                   | 2282 Calc.                                 |
| 7-7/8"   | 5-1/2"   | 15.5 & 17                             | 10500  | 200                       | )                   | 9362 T.S.                                  |
| Present Perfs<br>1. Install BO<br>2. Pull tubin<br>3. Set RBP at<br>4. Perf 1025<br>5. Acidize per | 10387-10399<br>P.<br>g & Packer.<br>10380.<br>1-10373 w/33 s<br>rfs w/4000 gal | in Upper Penn.<br>hots at selecte     | a zone and test  | A<br>FOR                  | .PPROVAL<br>90 DAY: |  |
| 6. Swab test   | and evaluate.  |                                       | N. Contraction of the second sec |                           |                     |  |
|  |  |                                       |  | EXPIRES -                 | 2-1                 | -24  |
|  |  |                                       | :<br>\   |                           |                     |  |
|  |  | 1                                     |  |                           |                     |  |
| ABOVE SPACE DESCRIBE PROVE ZONE. GIVE BLOWOUT PREVENTE   |  |                                       | 1  | PRESENT PRODU             | CTIVE ZONE          | AND PROPOSED NEW PRODUC-                   |
| nereby certify that the information  | n above is true and comp   | lete to the best of my kny            | owledge and belief.  |                           |                     |  |
| <sub>gned</sub> Charles Price /  | harles Price   | Title Associa                         | te Engineer  | Dat                       | te                  | 10-30-73                                   |
| (This space for S  |  |                                       |  |                           |                     |  |
| PPROVED BY   | CH- Signed by  | TITLE                                 |  | _                         |                     |  |
| ONDITIONS OF APPROVAL, IF  |  |                                       |  | DA                        | , E                 |  |
|  | та 198 <b>8 г</b> .  |                                       |  |                           |                     |  |

| DVALDOTION  |  | EW MEXICO OIL C                       | ONSERVATION COMMISSI   | Form C-104  |
|---|--|---------------------------------------|--|---|
| CANTA FE  | _  | REQUEST                               | FOR ALLOWABLE  | Supersedes Oid C-105 and C-<br>Effective 1-1-65   |
| FILZ  | -  |                                       | AND  |   |
| LAND OFFICE   | _ AUTHORI  | ZATION TO TRA                         | NSPORT OIL AND NATUR   | AL GAS  |
|   |  |                                       |  | · · · · · · · · · · · · · · · · · · ·   |
| TRANSPORTER GAS   |  |                                       |  |   |
| OPERATOR  |  |                                       |  |   |
| 1. PROBATION OFFICE   | ·  | ·                                     |  |   |
| Operator<br>Sun Oil Compar  | v  |                                       |  |   |
| P. 0. Box 2792  |  | Texas 79760                           |  |   |
| Reason(s) for filing (Susck proper bos  |  |                                       | Other (Please explain  | 1)  |
| Now Woll  | Change in Tre  | insporter of:                         | Add casinghe   | ad gas transporter  |
| nuconpletion  | Oil  | Dry Go                                |  |   |
| Onange in Ownership   | Casinghead G   | as Conder                             | isate  |   |
| if change of ownership give name and accress of previous owner  |  |                                       |  |   |
|   | LEASE  |                                       |  |   |
|   |  | oi Name, Including F                  |  | f Lease Lease No.   |
| Now Mexico "2" State  | 2 Ce   | rca Upper Pe                          | nn (Penn "A") State, i   | Federal or Fee State OG 5217  |
| Unit Lotter <u> </u>  | D Feet From T  | he East Lir                           | reet   | From The North  |
| Line of Asstran 33 To   | waship 13S   | D                                     | 34E , NMPM,  | LOA County  |
| Line of Aserian 33 To   | wnship 135   | Range                                 | <u> 34</u> 岳 , NMPM,   | LCA County  |
| L. M. M. MICH. OF DRAMSPOR  | TER OF OIL AN  | D NATURAL GA                          | \S   |   |
| Name of Authorized Transporter of Of  | 1 or Conde   | ensate 📃                              | Address (Give address to which   | approved copy of this form is to be sent)   |
| Service Pipe Line Co.   | Amoco Pipelin  | e Co.                                 | 3411 Knoxville Ave   |   |
| Name of Authorized Transporter of Co  |  | or Dry Gas 🚞                          |  | approved copy of this form is to be sent)   |
| Marran Petroleum Corr   | Unit Sec.  | Twp. Ege.                             | Box 1589 Tulsa<br>Is gas actually connected?   | When  |
| I well produces oil or liquids,<br>give location of tanks.  | N 33   | 13S 34E                               | Yes  | 11/28/69  |
| 11 this production is commingled w  | ,,,,,,,  |                                       |  | - the second  |
| V. CONTRACTORY OF CAMERING W  |  |                                       | give comminging order numbe  |   |
| Designate Type of Completi  | on = (X) oil w   | /ell Gas Well                         | New Well Workover Deer   | pen   Plug Back   Same Res'v.   Diff. Res'  |
|   |  |                                       | Total Depth  | P.B.T.D.  |
| Date Spudzoa  | Date Compl. Read   | y 10 Prod.                            | Total Depth  | P.B.I.D.  |
| Liovations (DF, RKB, RT, GR, etc.)  | Name of Producin   | g Formation                           | Top Oil/Gas Pay  | Tubing Depth  |
|   |  | -                                     |  |   |
| Perforations  | . <u></u>  |                                       | <u> </u>   | Depth Casing Shoe   |
| ·   |  |                                       |  | :<br>   |
| ·   |  |                                       | CEMENTING RECORD   |   |
| HOLE SIZE   | CASING &   | TUBING SIZE                           | DEPTH SET  | SACKS CEMENT  |
|   |  |                                       |  |   |
|   |  |                                       |  |   |
| · · · · · · · · · · · · · · · · · · ·   |  | · · · · · · · · · · · · · · · · · · · |  |   |
| V. CONCINCK AND DEQUEST 2   | FOR ALLOWAEL   | E (Test must be a                     | fter recovery of total volume of la  | oad oil and must be equal to or exceed top allo   |
| C. 1. METER<br>Date First New Oil Fun To Tanks  |  | able for this d                       | epth or be for full 24 hours)  |   |
| Date First New Oil Hun To Tanks   | Date of Test   |                                       | Producing Method (Flow, pump,  | gas tiji, eic.)   |
| Lanuta of Teat  | Tubing Pressure  |                                       | Casing Pressure  | Choke Size  |
| , mongan or i dan   |  |                                       |  |   |
| Local Press, During Pour  | Oll-Bala.  |                                       | Water-Bbls.  | Gas • MCF   |
|   |  |                                       |  |   |
|   |  |                                       |  |   |
| en e  |  |                                       |  |   |
| AC.VG. Proc. Test-MCF/D   | Length of Test   |                                       | Bbls. Condensate/MMCF  | Gravity of Condensate   |
| Tearing Mathed (piter, back pr.)  | Tubing Pressure  | Shut-in ]                             | Casing Pressure (Shut-in)  | Choke Size  |
|   |  | · · · · · · · · · · · · · · · · · · · |  |   |
|   |  | •                                     |  |   |
|   |  | · · · · · · · · · · · · · · · · · · · |  | ERVATION COMMISSION   |
| VI. OBULTFIOATE OF COMPLIAN   | (CE  |                                       | OIL CONSI  | ERVATION COMMISSION   |
| i hereby certify they the rules and   | regulations of the   | Oil Conservation                      | APPROVED   | ERVATION COMMISSION   |
| h hereby certify that the rules and<br>Constitution have been complied  | regulations of the with and that the   | information given                     | APPROVED   |   |
| i hereby certify they the rules and   | regulations of the with and that the   | information given                     | APPROVED   |   |
| h hereby certify that the rules and<br>Constitution have been complied  | regulations of the with and that the   | information given                     | APPROVED   | 19, 19  |
| i hereby certify that the rules and<br>Commission have been complied<br>above is true and complete to th                | regulations of the<br>with and that the<br>he best of my kno   | information given                     | APPROVED<br>BY<br>TVTVE<br>This form is to be fill   | led in compliance with RULE 1104.   |
| i hereby certify that the rules and<br>Commission have been complied<br>above is true and complete to th                | regulations of the with and that the   | information given                     | APPROVED<br>BY<br>TVTUE<br>This form is to be fill<br>If this is a request for   | led in compliance with RULE 1104.   |
| i hereby certify thus the rules and<br>Commission have been complied<br>above is true and complete to th<br>MMMs        | regulations of the<br>with and that the<br>he best of my kno<br><u>hug hes</u>   | information given                     | APPROVED<br>BY<br>TVTLE<br>This form is to be fill<br>If this is a request fo<br>well, this form must be ac<br>tests taken on the well is  | ted in compliance with RULE 1104.<br>or allowable for a newly drilled or deepen<br>becompanied by a tabulation of the deviation<br>a decordance with RULE 111.  |
| i hereby certify this the rules and<br>Commission have been complied<br>above is true and complete to th<br>Read        | regulations of the<br>with and that the<br>he best of my kno<br>he he he<br>he he he<br>he he h | information given                     | APPROVED<br>BY<br>TVTLE<br>This form is to be fill<br>If this is a request fo<br>well, this form must be ac<br>tests taken on the well is<br>All sections of this fo   | ted in compliance with RULE 1104.<br>The din compliance with RULE 1104.<br>The allowable for a newly drilled or deepen<br>becompanied by a tabulation of the deviation<br>a decordance with RULE 111.<br>The moves be filled out completely for the |
| I hereby certify that the rules and<br>Commission have been complied<br>above is true and complete to th<br>MMMA<br>Sig | regulations of the<br>with and that the<br>he best of my kno<br><u>hug hes</u>   | information given                     | APPROVED<br>BY<br>TITLE<br>This form is to be fill<br>If this is a request for<br>well, this form must be ac<br>tests taken on the well of<br>All sections of this f<br>able on new and recommen-<br>Fill out only Species | ted in compliance with RULE 1104.<br>The din compliance with RULE 1104.<br>The allowable for a newly drilled or deepen<br>becompanied by a tabulation of the deviation<br>a decordance with RULE 111.<br>The moves be filled out completely for the |

Separate Forma C-104 must be filed for each peol in moust strate 11 492.

| NO. ST COPIES RECEIVED                                      | 1  |   |   |
|---|--|---|---|
| DISTRIBUTION  |  | CONSERVATION COMMISSION                       |   |
| SANTA FE  |  | FOR ALLOWABLE                                 | Form C-104<br>Supersedes Old C-104 and C-11 |
| FILE  | ·  | AND   | Effective 1-1-65                            |
| U.S.G.S.  | _ AUTHORIZATION TO TR  | ANSPORT OIL AND NATURAL GA                    | S   |
| LAND OFFICE   |  |   | 10g   |
| TRANSPORTER GAS   |  |   |   |
| OPERATOR  | -  |   |   |
| PRORATION OFFICE  | -  |   |   |
| Operator  |  |   |   |
| Sun Oil Compa   | n <b>y</b>   |   |   |
| Address   |  | •   |   |
| P. O. Box 279   |  |   |   |
| Reason(s) for filing (Check proper bo                       |  | Other (Please explain)                        |   |
| Recompletion  | Change in Transporter of:<br>Oil Dry Ge                                    |   | rter hauled 1419.12                         |
| Change in Ownership   | Casinghead Gas Conde   |   | Pipe Line Company                           |
| If change of ownership give name                            |  | Dagrey Stattone                               |   |
| and address of previous owner                               |  |   |   |
| II. DESCRIPTION OF WELL AND                                 | LEASE  |   |   |
| Lease Name<br>New Mexico "R" State                          |  | mmExt (Penn "A")Kind of Lease                 | Lease No.                                   |
| Location  | 2 Undesig  | IIALEQ State, Federal o                       | <sup>r Fee</sup> State OG-5217              |
|   |  | 0100  |   |
| Unit Letter <u>H</u> ; <u>O</u>                             | 50 Feet From The <u>East</u> Lir   | ne and2129 Feet From The                      | North                                       |
| Line of Section 33 To                                       | ownship 13S Range  | 34Е , МИРИ, Lea                               | County                                      |
|   |  |   | County                                      |
| I. DESIGNATION OF TRANSPOR                                  | TER OF OIL AND NATURAL GA  | IS  |   |
| Name of Authorized Transporter of O                         |  | Address (Give address to which approved       | l copy of this form is to be sent)          |
| Western Oil Transportat                                     |  | Box 725 Hobbs, N. M.                          |   |
| Name of Authorized Transporter of Co                        | asinghead Gas 📋 🛛 or Dry Gas 🛄   | Address (Give address to which approved       | l copy of this form is to be sent)          |
|   |  |   |   |
| If well produces oil or liquids,<br>give location of tanks, | Unit Sec. Twp. Rge.  | Is gas actually connected? When               |   |
| give location of lanks,                                     | N 33 135 34E   | No  |   |
| If this production is commingled w<br>V. COMPLETION DATA    | ith that from any other lease or pool,                                     | give commingling order number:                |   |
|   | Oil Well Gas Well  | New Well Workover Deepen F                    | Plug Back   Same Res'v. Diff. Res'v.        |
| Designate Type of Completi                                  | on = (X)   |   |   |
| Date Spudded  | Date Compl. Ready to Prod.   | Total Depth F                                 | P.B.T.D.                                    |
| ······  |  |   |   |
| Elevations (DF, RKB, RT, GR, etc.)                          | Name of Producing Formation  | Top Oil/Gas Pay                               | Fubing Depth                                |
| Perforations  |  | 1   |   |
| Perforations  |  | -   | Depth Casing Shoe                           |
|   |  |   |   |
| HOLESIZE  | CASING & TUBING SIZE   | DEPTH SET                                     | SACKS OFNENT                                |
|   |  | DEFINSEI                                      | SACKS CEMENT                                |
|   | ******   |   |   |
|   |  |   |   |
|   |  |   |   |
| . TEST DATA AND REQUEST F                                   | OR ALLOWABLE (Test must be a   | fter recovery of total volume of load oil and | must be equal to or exceed top allow        |
| OIL WELL  | able for this de   | pth or be for full 24 hours)                  | mast be equal to or exceed top billow       |
| Date First New Oil Run To Tanks                             | Date of Test   | Producing Method (Flow, pump, gas lift, e     | etc.)                                       |
|   | · · · · · · · · · · · · · · · · · · ·                                      |   |   |
| Length of Test  | Tubing Pressure  | Casing Pressure C                             | Choke Size                                  |
|   |  |   |   |
| Actual Prod. During Test                                    | Oil-Bbis.  | Water-Bbls. C                                 | Gas • MCF                                   |
|   |  | <u> </u>                                      |   |
| GAS WELL<br>Actual Prod. Test-MCF/D                         |  |   |   |
| Actual Plot. Test-MCF/D                                     | Length of Test   | Bbls, Condensate/MMCF                         | Gravity of Condensate                       |
| Testing Method (pitot, back pr.)                            | Tubing Pressure (Shut-in)  | Casing Pressure (Shut-in) C                   | Choke Size                                  |
| rooming Memory (prov, ouch pro)                             | L  | Crewit Licensite ( Dune_tm )                  | SHORE SIZE                                  |
|   |  |   |   |
| I. CERTIFICATE OF COMPLIAN                                  | UL   |   |   |
| Thomas  |  | n / / 「「「」」「「」」 「「」」 / 「」 / 「」 / 「」 / 「」      | $9 \downarrow H = 0$                        |
| I DETEDY CETTILY THAT THE FILLES AND                        | constant of the Old Connect  | APPROVED                                      | J. 1005 / 19                                |
| Commission have been complied                               | regulations of the Oil Conservation<br>with and that the information given | APPROVED                                      | 9,1009, 19                                  |
| Commission have been complied                               |  | APPROVED                                      | 9,1009 , 19<br>Areg                         |
| Commission have been complied                               | with and that the information given  | APPROVED                                      | 9,1009 , 19<br>Mel                          |

(Signature) Proration Clerk

<sup>(Title)</sup> 10/27/69

(Date)

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.

|     | e/  | •***   |  |  |  |
|-----|---|--|--|--|--|
|     | Fii 6   |  | FOR ALLOWABLE  | IISSION                                | Form C-104<br>Supersedes Old C-104 and C-110<br>Effective 1-1-65 |
|     | U.S.G.S.  | AUTHORIZATION TO TRA   |  | NATURAL GAS                            |  |
|     | TRANSPORTER OIL GAS   | -<br>-   | in ( <b>1</b> − 1 − 1) j                                   |  |  |
|     | OPERATOR  | -  | •  |  |  |
| ¥.  |   | ]  |  |  |  |
|     | Sun Oil Company   | у  |  |  |  |
|     | Address<br>P. O. Box 2792   | Odeces ,   | 0  | ~                                      |  |
|     | Reason(s) for filing (Check proper box,   |  | O Other (Please  | e explain)                             |  |
|     | New Well Recompletion   | Change in Transporter of:<br>Oil Dry Ga  |  | horize tempor                          | ary oil transporter  |
|     | Change in Ownership   | Casinghead Gas Conder  |  |  |  |
|     | If change of ownership give name<br>and address of previous owner   |  |  |  |  |
| II. | DESCRIPTION OF WELL AND   | LEASE Cerca Upper Pent<br>Well No. Pool Name, Including Fo   | n (Penn_''A'')   |  |  |
|     | Lease Name<br>New Mexico "R" State  | 2 Undesignate  |  | Kind of Lease<br>State, Federal or Fe  | e State OG-5217  |
|     | Location  |  | <u></u>  | 4                                      |  |
|     | Unit Letter <u>H</u> ; 60   | 50 Feet From The East Lin  | e and <u>2129</u>  | Feet From The                          | North  |
|     | Line of Section 33 Tov  | vnship 13S Range   | 34E , NMPM   | , Lea                                  | County   |
| II. | DESIGNATION OF TRANSPORT  | FER OF OIL AND NATURAL GA  | S  |  |  |
|     | Name of Authorized Transporter of Oil   | X or Condensate  | Address (Give address                                      |  | by of this form is to be sent)                                   |
|     | Western Oil Transporta<br>Name of Authorized Transporter of Cas   |  |  | obbs, New Mex<br>to which approved cop | ICO<br>by of this form is to be sent)                            |
|     |   |  |  |  |  |
|     | If well produces oil or liquids,<br>give location of tanks.   | Unit Sec. Twp. Rge.  | Is gas actually connect<br>NO                              | ed? When                               |  |
|     |   | that from any other lease or pool,   |  | r number:                              |  |
| IV. | COMPLETION DATA   | Oil Well Gas Well  | New Well Workover  | Deepen Plug                            | Back Same Res'v. Diff. Res'v.                                    |
|     | Designate Type of Completio   | Date Compl. Ready to Prod.   | Total Depth  |  | T D  |
|     |   | Dute complet neury to Prod.  | Total Depti  | F.B.                                   |  |
|     | Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation  | Top Oil/Gas Pay  | Tubi                                   | ng Depth   |
|     | Perforations  | <u></u>  | <u></u>  | Dept                                   | h Casing Shoe  |
|     |   | TUBING, CASING, AND  | CEMENTING RECOR  |  |  |
|     | HOLE SIZE   | CASING & TUBING SIZE   | DEPTHS   |  | SACKS CEMENT   |
|     | <u> </u>  |  |  |  |  |
|     |   |  |  |  |  |
| v.  | TEST DATA AND REQUEST F   | DR ALLOWABLE (Test must be a oble for this de  | fter recovery of total volu<br>pth or be for full 24 hour. |  | st be equal to or exceed top allow-                              |
|     | OlL WELL<br>Date First New Oil Run To Tanks   | Date of Test   | Producing Method (Flor                                     | · · · · · · · · · · · · · · · · · · ·  | )  |
|     | Length of Test  | Tubing Pressure  | Casing Pressure  | Chok                                   | ce Size  |
|     | Actual Prod. During Test  | Oil-Bbls.  | Water-Bbis.  | Gas -                                  | - MCF  |
|     | ·.  | <u> </u>   | ]  |  |  |
|     | GAS WELL  | ·····  |  | ·                                      |  |
|     | Actual Prod. Test-MCF/D   | Length of Test   | Bbls. Condensate/MMC                                       | F Grav                                 | ity of Condensate  |
|     | Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)  | Casing Pressure (Shut                                      | -in) Chok                              | e Size   |
| VI. | CERTIFICATE OF COMPLIAN   | 1<br>CE  |  |  | 1 COMMISSION   |
|     | The sheet and the second second   |  | APPROVED   | <u></u>                                | 19   |
|     | I hereby certify that the rules and r<br>Commission have been complied w<br>above is true and complete to the | with and that the information given  | BY Le  | A Man                                  | ren  |
|     | TOOLO TO FIRE BUR COMPLETE IN LUE   | The start with a start and a start and the s | I PI   |  |  |

IJ

| (Signature)      |  |
|------------------|--|
| Proration Clerk  |  |
| (Title)          |  |
| October 17, 1969 |  |
| (Date)           |  |

| APPROVED | . 19     |  |
|----------|----------|--|
| X        | X Cames  |  |
| BY A     | - Change |  |
|          |          |  |

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 allow-able 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. ĥ,

| · · · · · · · · · · · · · · · · · · ·                                      | <u>→</u> .                             | •   |   |
|--|--|---|---|
| effective.   | NEW MEXICO OIL                         | CONSERVATION COMMISSION   | Form C-104  |
| SANTA FE   |  | FOR ALLOWABLE   | Supersedes Old C-104 and C-11   |
| FILE   |  | AND   | Effective 1-1-65  |
| LAND OFFICE  | AUTHORIZATION TO TR                    | ANSPORT OIL AND NATURAL (   | GAS   |
| OIL  | ۰ ۲                                    |   |   |
| TRANSPORTER  |  |   |   |
| OPERATOR   |  |   |   |
|  |  |   |   |
| I. PRORATION OFFICE  |  |   |   |
|  |  |   |   |
| Sun Oil Company  |  |   |   |
| P. O. Box 2792   | <u>Odessa, Texas</u> 79760             |   |   |
| P. O. Box 2792<br>Reason(s) for filing (Check proper box)                  |  | Other (Please explain)  |   |
| New Well   | Change in Transporter of:              |   |   |
| Recompletion   | OII Dry G                              | as  |   |
| Change in Ownership  | Casinghead Gas 📃 Conde                 | ensate  |   |
|  |  |   |   |
| If change of ownership give name<br>and address of previous owner          |  |   |   |
|  |  | 2   |   |
| I. DESCRIPTION OF WELL AND LI  |  |   | <u>)</u>  |
|  | Cerca Upper Pe                         | onn Wart K-1872   | Louise 1101   |
| New Mexico "R" State   | 2 <u>Undesignated</u>                  | (Penn "A") State, Federal   | or Fee State - OG 5217  |
|  |  |   |   |
| Unit Letter <u>H</u> ; 660   | Feet From The East Li                  | ne and2129 Feet From T  | he North  |
| Line of Section 33 Towns   |  |   |   |
| Line of Section 33 Towns   | thip 13 S Range                        | 34 Е , МАРМ,  | Lea County  |
| II. DESIGNATION OF TRANSPORTE  | POPOH AND NATIONAL C                   | A C   |   |
| Name of Authorized Transporter of Oil                                      | or Condensate                          | AS .<br>Address (Give address to which approv                           | ed convol this form is an   |
| Service Pipe Line Compar   |  |   |   |
| Name of Authorized Transporter of Casin                                    | ghead Gas or Dry Gas                   | 3411 Knoxville Ave., L<br>Address (Give address to which approv         | ubbock, Texas   |
|  |  | Address (orbe duaress to which approv                                   | ed copy of this form is to be sent)                                       |
|  | nit Sec. Twp. Pge.                     | Is gas actually connected? Whe  |   |
| fif well produces oil or liquids, figure location of tanks,                | N 33 13S 34E                           |   | n   |
| If this modulation is sound at a substance                                 |  | No  |   |
| If this production is commingled with<br>V. COMPLETION DATA                | that from any other lease or pool,     | give commingling order number:  |   |
|  | Oil Well Gas Well                      | New Well Workover Deepen  | Plug Back   Same Res'v. Diff. Res'v.                                      |
| Designate Type of Completion   | $-(\mathbf{X})$ X                      | X   |   |
| Date Spudded E   | ate Compl. Ready to Prod.              | Total Depth   | P.B.T.D.  |
| 9/6/69   | 10/14/69                               | 10500   | 10465   |
| Elevations (DF, RKB, RT, GR, etc.) N                                       | ame of Producing Formation             | Top Oil/Gas Pay   | Tubing Depth  |
| DF4150, KB4152.5, GR4140   | Penn "A"                               | 10395   | 10387   |
| Perforations   |  |   | Depth Casing Shoe   |
| 10398-10407  |  |   | 10465   |
|  | TUBING, CASING, ANI                    | D CEMENTING RECORD  |   |
| HOLE SIZE  | CASING & TUBING SIZE                   | DEPTH SET   | SACKS CEMENT  |
| 17-1/2   | 13-3/8                                 | 455   | 250   |
| 11   | 8-5/8                                  | 4500  | 300   |
| 7-7/8  | 5-1/2                                  | 10500   | 200   |
|  | 2 3/8                                  | 10387   |   |
| V. TEST DATA AND REQUEST FOR   |  | fter recovery of total volume of load oil as                            | nd must be equal to or exceed top allow-                                  |
| OIL WELL<br>Date First New Oil Run To Tanks D                              | able for this de                       | pth or be for full 24 hours)<br>Producing Method (Flow, pump, gas lift, | etc.)   |
| 10/12/69   |  |   | ( =(0;)   |
|  | 10/14/69<br>ubing Pressure             | Flowing Flowing   | Choke Size  |
| 24 hrs.  | 50                                     |   |   |
|  | J Bbls.                                | Pkr.  | Gas-MCF   |
| •                                    | 309                                    |   |   |
|  |  | 10  | 134.4   |
| GAS WELL   |  |   |   |
|  | angth of Test                          | Bbls. Condensate/MMCF   | Gravity of Condensate   |
|  |  |   |   |
| Testing Method (pitot, back pr.) Ti  | ibing Pressure (Shut-in)               | Casing Pressure (Shut-in)   | Choke Size  |
|  |  |   |   |
| 1. CERTIFICATE OF COMPLIANCE   |  | OIL CONSERVAT   | TION COMMISSION   |
|  |  |   | 16-1969   |
| I hereby certify that the rules and regu                                   | lations of the Oil Conservation        | APPROVED  | , 19  |
| Commission have been complied with<br>above is true and complete to the be | and that the information given         | BY  | Tall  |
| the second countries to the be   | , michicage and bendt,                 | JUPERL  |   |
|  |  | TITLE   |   |
|  |  |   | maliance with succession  |
| Survey During  | •                                      | This form is to be filed in co  | mpliance with RULE 1104.<br>ble for a newly drilled or deepened           |
| (Signature   |  | well, this form must be accompani                                       | ed by a tabulation of the deviation                                       |
| Asst. Dist. Supt.  | <u>_</u>                               | tests taken on the well in accord                                       | ance with RULE 111.   |
| ASSC. DISC. pape. (Title)  | ······································ |   | be filled out completely for allow-                                       |
|  |  | able on new and recompleted well  | .a.   |
| October 14 1969  |  |   | the and the far also and the  |
| October 14, 1969<br>(Date)   |  |   | III, and VI for changes of owner,<br>y or other such change of condition. |
|  |  | Fill out only Sections I, II,<br>well name or number, or transporter    |   |