|              |     | 1 |   |
|--------------|-----|---|---|
| DISTRIBUTION |     |   | 1 |
| SANTA FE     |     |   |   |
| FILE         |     |   |   |
| U.S.G.S.     |     |   |   |
| LAND OFFICE  |     |   |   |
| IRANSPORTER  | OIL |   |   |
|              | GAS | İ |   |
| OPERATOR     |     |   |   |
|              |     |   |   |

|  | SANTA FE   |                          | NEW MEXICO OIL                          | CONSERVATION COMMISSION T FOR ALLOWABLE  | Form C-104 Supersedes Old C-104 and C-  |  |  |  |
|--|--|--------------------------|---|--|---|--|--|--|
|  | U.S.G.S.   |                          | AUTHODIZATION TO TE                     | AND Effective 1-1-65   |   |  |  |  |
|  | LAND OFFICE  |                          | AUTHORIZATION TO TH                     | RANSPORT OIL AND NATURA  | L GAS   |  |  |  |
|  | TRANSPORTER  | OIL                      |   |  |   |  |  |  |
|  | 00501500   | GAS                      | 4                                       |  |   |  |  |  |
|  | PROPATION OFFI   | CF                       | -                                       |  |   |  |  |  |
| 1.   | Operator   |                          |   |  |   |  |  |  |
|  | Sun Exploration & Production Co.                                   |                          |   |  |   |  |  |  |
|  | Address  | I Midlan                 |   |  |   |  |  |  |
|  | P. O. Box 186 Reason(s) for filing (                               | Midlan  Theck proper box | d, TX 79702                             | Other (Please explain)   |   |  |  |  |
|  | New Well   | $\overline{\mathbb{Z}}$  | Change in Transporter of:               | Office (Trease explain)  |   |  |  |  |
|  | Recompletion   | $\dashv$                 | Oil Dry C                               | Gas  |   |  |  |  |
|  | Change in Ownership  |                          | Casinghead Gas Cond                     | ensate   |   |  |  |  |
|  | If change of ownersh and address of previous                       | ip give name             | ,                                       |  |   |  |  |  |
|  | DESCRIPTION OF   |                          |   | 1 (31-84)  |   |  |  |  |
|  | Lease Name   |                          | Well No. Pool Name, Including           | Kind of E  | Ledse No.   |  |  |  |
|  | New Mexico JJ  | State                    | 2 Baum (Upper F                         | Penn) tindes. State, Fed   | eral or Fee State   |  |  |  |
|  | Unit Letter G  | ;1980                    | Feet From The North Li                  | ine and 1980 Feet Fro  | om The East   |  |  |  |
|  | Line of Section 2  | 3 Tov                    | vnship ]3_S Range 3                     | 32-E FINMPM, Lea   | County  |  |  |  |
| 711  | DECICS ATION OF  | TDANCROR                 | EED OF ON AND MARKET                    | -  |   |  |  |  |
| 111.   | Name of Authorized Ti  | TRANSPORT                | FER OF OIL AND NATURAL G.               |  | proved copy of this form is to be sent)                                       |  |  |  |
| i  | The Permian C  | orporation               |   |  |   |  |  |  |
|  | Name of Authorized Tr  | ansporter of Cas         | ingnead Gas or Dry Gas                  | P. O. Box 1183 Hous<br>Address (Give address to which app  | proved copy of this form is to be sent)                                       |  |  |  |
|  | <u>Warren Petrol</u>   |                          |   | P.O. Box 1589 Tuls   |   |  |  |  |
|  | If well produces oil or give location of tanks.                    |                          | Unit   Sec.   Twp.   Rge.               | Is gas actually connected?   | When 11/10/03   |  |  |  |
|  | If this production is a  | commingled wit           | h that from any other lease or pool,    | give complete and a such as  | 1/18/05   |  |  |  |
| IV.  | COMPLETION DAT   | TA                       |   | give comminging order number:  |   |  |  |  |
|  | Designate Type   | of Completio             | n = (X) Oil Well Gas Well               | New Well Workover Deepen   | Plug Back   Same Restv. Diff. Restv.  |  |  |  |
|  | Date Spudded   |                          | Date Compl. Recay to Prod.              | X<br>Total Depth   | P.B.T.D.  |  |  |  |
|  | 9/10/83  |                          | 10/26/83<br>Name of Producing Formation | 9950   | 9870  |  |  |  |
|  | Elevations (DF, RKB,   | RT. GR. etc.,            | Name of Producing Formation             | Top Oil/Gas Pay  | Tubing Depth  |  |  |  |
| }  | Perforations   | >K                       | Penn                                    | 9717   | 7947  |  |  |  |
| İ  | 9:   | 187-9                    | 7858                                    |  | Depth Casing Shoe   |  |  |  |
|  |  |                          | <del></del>                             | D CEMENTING RECORD   |   |  |  |  |
| -  | 17 1/2   | ZE                       | CASING & "UBING SIZE                    | DEPTH SET  | SACKS CEMENT  |  |  |  |
| }  | 17-1/2<br>12-1/4   |                          | 13-3/8<br>8-5/8                         | 455  | 475 Sxs   |  |  |  |
| ŀ  | 7-7/8  |                          | 5-1/2                                   | <u>4000</u><br>9950  | 1875 Sxs<br>550 Sxs   |  |  |  |
| Ĺ  |  |                          |   | 3390   | 330 385   |  |  |  |
|  | TEST DATA AND I  | REQUEST FO               |   | ifter recovery of total volume of load o   | il and must be equal to or exceed top allow-                                  |  |  |  |
|  | OIL WELL<br>Date First New Oil Rur                                 | n To Tanks               | Date of Test                            | epth or be for full 24 hours) Producing Method (Flow, pump, gas  | lift etc.)  |  |  |  |
| Ì  | 10/15/83   |                          | 11/13/83                                | Pumping 1-1/2  | ,,,   |  |  |  |
| - 1  | Length of Test   |                          | Tubing Pressure                         | Casing Pressure  | Choxe Size  |  |  |  |
|  | 24 hrs Actual Prod. During To                                      | A1                       | Cii - 3bis.                             | Water  |   |  |  |  |
|  | Actual Float Balling . V   |                          | 126                                     | Water - Shis.  | Gas-MCF   |  |  |  |
| '_   |  | !                        | 140                                     | 195  | - 113   |  |  |  |
| _  | GAS WELL   |                          |   |  |   |  |  |  |
|  | Actual Prod. Test-MC   | F/D                      | Length of Test                          | Bbls. Condensate/MMCF  | Gravity of Condensate   |  |  |  |
| -  | Testing Method (pitot,   | sack pr.j                | Tubing Pressure (Shut-in)               | Casing Pressure (Shut-in)  | Choke Size  |  |  |  |
|  |  |                          | (4-20 22)                               | 0.000 (0.000 2.0)  | Chore size  |  |  |  |
| VI. C  | ERTIFICATE OF  | COMPLIANC                | E                                       | OIL CONSERV  | ATION GOMMISSION  |  |  |  |
|  |  |                          |   | NOV 1  | 8 1983 MMISSION   |  |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Commission have been complied with and that the information given |  | APPROVED, 19             |   |  |   |  |  |  |
| A  | above is true and complete to the best of my knowledge and belief. |                          |   | DISTRICT I SUPERVISOR  |   |  |  |  |
|  |  |                          |   |  |   |  |  |  |
| De Ann Jank  |  |                          |   | This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |   |  |  |  |
|  |  |                          |   |  |   |  |  |  |
| Sonion Accounting Assignature)   |  |                          |   |  |   |  |  |  |
|  | Senior Accounting Assistant  |                          |   | All sections of this form m  | nust be filled out completely for allow-                                      |  |  |  |
|  | (Title)<br>11/15/83  |                          |   | able on new and recompleted wells.   |   |  |  |  |
|  | (Date)   |                          |   | Fill out only Sections I, well name or number, or transpo  | II, III, and VI for changes of owner, ree, or other such change of condition. |  |  |  |
|  |  |                          | ł                                       | ti   | et he filed for each cool in multiply   |  |  |  |