STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

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DISTRIBUTION			
BANTA FE			
FILE			
V.8.0.8.			
LAND OFFICE			
TRANSPORTER OIL			
CAS			
OPERATOR			
PROBATION OFFICE			

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

OIL CONSERVATION DIVISION

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REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I						
GINGER PETROLEUM CO	MPANY, INC.					
Address P.O. BOX 827, LA GR	ANGE, TEXAS 78945					
Reason(s) for filing (Check proper box)	Change in Transporter of: CHAN Out Dry Gas & P	(Please explain) NGE OF OPERATOR FROM SUN EXPL RODUCTION CO. TO GINGER PETRO . FOR THE PURPOSE OF PLUG & A	LEUM CO.,			
SUN EXPLORATION AND PRODUCTION COMPANY, CLAY DESTA PLAZA, 24 SMITH ROAD, SUN TOWER, SUITE 600, MIDLAND, TX 79705 and address of previous owner						
II. DESCRIPTION OF WELL AND LE	Well No. Pool Name, Including Formation	Kind of Lease	Lease No.			
NEW MEXICO "BC" STATE	1 BAUM-UPPER PENNSYLVANIA	N State, Federal or Fee STATE	LG3634			
Location	_Feet From The Line and	1980 Feet From The WEST				
Line of Section 23 Townshi	p 1350 Range 32E	, NMPM, LEA	County			
III. DESIGNATION OF TRANSPOR	OF Condensate	address to which approved copy of this form is	io be sentj			

N/A Name of Authorized Transporter of C	asinghead	Gas 🗌	or Dry Go	• 🗆	Address (Give address to which approved copy of this form is to be sent)
N/A				'Rge.	Is gas actually connected? When
If well produces oil or liquids, give location of tanks. N/A	Unit	, Sec.	Twp.	, ruge.	

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)

STEVE J. HILLHOUSE VICE PRESIDENT

DENT	
	(Title)

SEPTEMBER 12, 1988

(Date)

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APPROVED_	Care.		, 19	
	ORIGINAL SIGNED	BY JERRY	Y SEXTON	
BY	DISTRICT I	UPERVIS	OR	
+1+1 E				_

OIL CONSERVATION DIVISION

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	n = (X)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
Date Spudded	Date Compl.	-	t Prod.	Total Dept		I 	P.B.T.D.	•	• • • • • • • • • • • • • • • • • • • •
2-9-84	4-29-8	34		99.	50'		98	376'	
Elevenions (DF, RKB, RT, GR, etc.)	Name of Pro	-	notion	Top Oll/Go	s Pay		Tubing Dep	th	
4314 GL	Baugh	(Penn)		97	30		n/	'a	
Performione 9780' to 9844'	<u> </u>						Depth Casir 9950*	ig Shoe	
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	0			
HOLE SIZE	CASIN	G & TUBI	NG SIZE		DEPTH SE	т	S/	CKS CEMEN	T
172]]	3 3/4			447		47	75	
12		8 5/8			4000		130	00	
7 7/8		53		1	9950		75	50	
	1			1					
TEST DATA AND REQUEST	FOR ALLO	WADIE /	Test must be a	4	ad annal malm	a of load all			

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 allowed oil WELL able for this depth or be for full 24 hours)

Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Teel	Tubing Pressure	Casing Pressure	Choke Size	
Actual Pred. During Test	Oli - Bbis.	Water - Bbie.	Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tooling Mothed (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-1.8)	Choke Size

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SEP 27 15 OCC HOBBS OFFICE