

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
GINGER PETROLEUM COMPANY, INC.

Address
PO BOX 827, LA GRANGE, TEXAS 78945

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recombination	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain)
*CHANGE OF OPERATOR FROM SUN EXPLORATION & PRODUCTION CO. TO GINGER PETROLEUM CO., INC. FOR THE PURPOSE OF PLUG & ABANDONMENT.

If change of ownership give name and address of previous owner
SUN EXPLORATION AND PRODUCTION CO., CLAY DESTA PLAZA, 24 SMITH ROAD, SUN TOWER, SUITE 600, MIDLAND, TX 79705

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO JJ STATE	Well No. 3	Pool Name, including Formation BAUM (UPPER PENN.)	Kind of Lease State, Federal or Fee STATE	Lease No. K1955
Location Unit Letter A ; 660 Feet From The NORTH Line and 800 Feet From The EAST Line of Section 23 Township 13S Range 32E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
N/A	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
N/A	
If well produces oil or liquids, give location of tanks. N/A	Unit Sec. Twp. Rge. Is gas actually connected? 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.

Steve J. Hillhouse
STEVE J. HILLHOUSE (Signature)
VICE PRESIDENT (Title)
SEPTEMBER 12, 1988 (Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
ORIGINAL SIGNED BY JERRY SEXTON
BY _____ 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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v.	Diff. Res'v.
Date Spudded 9-12-84	Date Compl. Ready to Prod. 11-3-84		Total Depth 9950'			P.B.T.D. 9805'			
Elevations (DF, RKB, RT, GR, etc.) 4309'	Name of Producing Formation Bough (Penn)		Top Oil/Gas Pay 9747'			Tubing Depth n/a			
Perforations 9747' to 9790'						Depth Casing Shoe 9950'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½		13 3/8		450		475			
12½		8 5/8		4000		1500			
7 7/8		5½		9950		900			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-12)	Casing Pressure (Start-12)	Choke Size

SEP 27 1984

MOBILE CO.