

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
TRANSPORTER GAS
OPERATOR
PERMITS 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
Operator: Sun Exploration & Production Co.
Address: P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: New Mexico JJ State
Well No.: 3
Pool Name, including Formation: Baum (Upper Penn)
State, Federal or Free State: State
Lease No.:

Location:
Unit Letter: A
660 Feet From The north Line and 800 Feet From The east
Line of Section: 23
Township: 13
Range: 32
County: Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate:
Sun Refining & Marketing Co.
Address (Give address to which approved copy of this form is to be sent): P.O. Box 3187, Longview, Texas 75606

Name of Authorized Transporter of Casinghead Gas: or Dry Gas:
Warren Petroleum Corporation
Address (Give address to which approved copy of this form is to be sent): P.O. Box 1589, Tulsa, Oklahoma 74102


If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	A	23	13	32	Yes	10-26-84

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.


Associate Accountant
11-7-84
(Date)

OIL CONSERVATION DIVISION
APPROVED: NOV 13 1984
BY: Eddie W. Seay
TITLE: Oil & Gas Inspector

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	Recover	Deepen	Plug Back	Same Resrv. Diff. Res
		X		X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
9-12-84	10-26-84	9950		9915				
Elevations (D.F., RAS., AT, GR., etc.)	Name of Producing Formation	Top Oil/Gas Ptv		Tubing Depth				
4309.0' GR	Penn	9741		8952				
Perforations				Depth Casing shoe				
9747-9790				8952				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		BACKS CEMENT			
17-1/2	13-3/8		450		475 SXS			
12-1/4	8-5/8		4000		1500 SXS			
7-7/8	5-1/2		9950		900 SXS			

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 Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-19-84	11-5-84	Pumping 1 1/2"	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Shut-In Pr.	Water-Prod.	Gas Prod.
	56	240	100

GAS WELL

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

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