

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 65-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Sun Exploration and Production Company

Address
P.O. Box 1861 Midland, Texas 79702

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☒ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Land 76	Well No. 1	Pool Name, including Formation Anderson Ranch Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter J	4620	Feet From The South	Line and 1980	Feet From The East
Line of Section 2	Township 16-S	Range 32-E	NMPM. Lea	
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1598, Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1267, Ponca City, OK 74601
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes

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.

Dee Ann Kemp
(Signature)

Associate Acct.

11-21-84

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

NOV 27 1984

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 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'
Date scheduled workover started 9-18-84	Date Compl. Ready to Prod. 11-3-84	Total Depth 13395			P.B.T.D. 10380			
Elevations (DF, RKB, RT, CR, etc.) 4311' DF	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 8920			Tubing Depth 9807			
Perforations 9773-9797					Depth Casing Shoe 9807			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		513		2500 SXS			
12 1/4	9 5/8		4203		2500 SXS			
7 7/8	5 1/2		13395		300 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 New Oil Run To Tanks	Date of Test 11-21-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 16	Water-Bbls. 1	Gas-MMCF 20

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

NOV 21 1984