IANTA FE       RECUEST FOR ALLOWABLE       Superseter Oil O         ILE       AND       Superseter Oil O       Citestree (-i-as)         J.S.G.S.       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         IAND OFFICE       OIL       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         IAND OFFICE       OIL       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         Imansport (a)       Oil       Operator       Superset (-i as)         Sun Exploration & Production Co.       Adaress       Name Change Only         Adaress       P. O. Box 1861, Midland, Texas 79702       Name Change Only         Recompletion       Ou       Out or or or or       Name Change Only         Recompletion (Ownership) give name and address of previous owner       Out or	-104 and C+1:
J.S.d.S.       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         I AND OFFICE       OPERATOR         I PROPATION OFFICE       OPERATOR         I PROPATION OFFICE       OPERATOR         I PROPATION OFFICE       OPERATOR         I PROPATION OFFICE       Other (Please explain)         Operation & Production & Production Co.         Address       P. O. Box 1861, Midland, Texas 79702         Resson(s) for filing (Creat proper box)       Name Change only         New well       Other (Please explain)         New well       Other (Please explain)         Name Change of ownership (Sive name and address of previous owner       Name Change Only         If change in Ownership (Sive name and eddress of previous owner       State 1         I. DESCRIPTION OF WELL AND LEASE       State 3         Location       Yest Name, Description         Vint Letter       M       660         Texas Name       State 3       Township 16-S         Unit Letter       M       660       Feet From The South Units and 660         Unit Letter       M       660       Feet From The Association South Association Association Association of Condenate Conduction approved cop	Lease No.
IRANSPORTER       OIL         OPENATION       GAS         I.       PROGRATION OF FICE         Corrector       Sun Exploration & Production Co.         Address       P. O. Box 1861, Midland, Texas 79702         Research (Soft hing (Check proper box)       Name Change in Drimsporter of:         New Well       Change in Drimsporter of:       Name Change Only         Prom:       Sun Oil Company       Name Change Only         If change in Ownership give name       Oil       Der Ons         If change of ownership give name       Oil Costionsate       Kind of Lease         If change of ownership give name       Not rect Name, Incl. duty Form: Sun Oil Company         If change of ownership give name       State J       3         Image: State J       3       Townsend Wolf camp         State J       3       Townsend Wolf camp         Unit Letter       M       660       Feet From The South         Unit Letter       M       660       Feet From The South       West         Unit Letter       M       660       Feet From The South       NMPM, Lea         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATERAL GAS       TA'd       NMPM, Lea         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATERAL GAS	Lease No.
Image: Check of a state	Lease No.
I.       PROMATION OFFICE         Operators       Sun Exploration & Production Co.         Address       P. O. Box 1861, Midland, Texas 79702         Reason(s) for tiling (CAcch proper box)       New Weil         New Weil       Change in Frimsporter of:         Recompletion       Out       Dry Gas         Change in Ownership       Condemante       Production Sun Oil Company         If change of ownership give name and address of previous owner       Condemante       State J         II.       DESCRIPTION OF WELL AND LEASE:       State J       3 Townsend Wolfcamp         Lease Name       State J       3 Townsend Wolfcamp       State, Federal or Fee State         Location       Unit Letter       M       660       Feet From The South Line and 660       Feet From The West         Line of Section 10       Township 16-S       Ranze 35-E       NMFM, Lea         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA'd       Name of Authorized Transporter of Oil or Condenaste       Address (Give address to which approved copy of this form is to b         Neme of Authorized Transporter of Casingnega Gas       or Dry Gas       Address (Give address to which approved copy of this form is to b         Neme of Authorized Transporter of Casingnega Gas       or Dry Gas       Address (Give address to which approved copy of this form is to b	Lease No.
Sun Exploration & Production Co.         Address         P. O. Box 1861, Midland, Texas 79702         Reason(s) for thing (Check proper box)         New Weil       Change in Trinsporter of: Recompletion         Recompletion       Oil         Change in Ownership       Casinahend Uas         Change of ownership give name and address of previous owner       Name Change Only From: Sun Oil Company         If change of ownership give name and address of previous owner       Name Collidian Pornation State J         II. DESCRIPTION OF WELL AND LEASF:       Set Not. For Number of Name, Isoliding Pornation State, Federal or Fee State         Unit Letter       M         M       660         Feet From The       South         Unit Letter       M         II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       TA'd         Name of Authorized Transporter of Clasingneon Gas       or Dry Gas         Name of Authorized Transporter of Clasingneon Gas       or Dry Gas         If well produces all or liquids, Util well produces all or liquids, Util Sec.       Twp.         If this production is commingled with that from any other lease or pool, give commingling order number:       When         IV. COMPLETION DATA       It this production is commingled with that from any other lease or pool, give commingling order number:	Lease No.
Address       P. O. Box 1861, Midland, Texas 79702         Resson(s) for thing (Check proper box)       Change in Frinsporter of:         New Weil       Change in Concership         Other (Please explain)       Name Change Only         From: Sun Oil Company       Oil         Change in Concership       Oil         Change in Concership       Casinahead Gas         If change of ownership give name and address of previous owner       State J         II       DESCRIPTION OF WELL AND LEASF.         Lease Name       Mell No. Fort Name, Including Formation         State J       3         Location       Mell No. Fort Name, Including Formation         State J       3         Location       Geo Feet From The South Line and 660         Location       Township 16-S         Range 35-E       NHPM, Lea         III       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil or Or Condensate       Address (Give address to which approved copy of this form is to b         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Nate of Authorized Transporter of Casinghead Gas<	Lease No.
Reason(s) for filing (Check proper box)       Change in Trinsporter of:       Other (Please explain)         New well       Other in Trinsporter of:       Name Change Only         Recompletion       Oil       Dry Gas       Name Change Only         Change in Ownership       Casinahend Gas       Cordenaate       Name Change Only         If change of ownership give name and address of previous owner       Casinahend Gas       Cordenaate       Name Change Only         II. DESIGNATION OF WELL AND LEASF       Name Change of ownership give name and address of previous owner       Name Change of case Previous owner         Unit Letter       M       660       Feet From The South       State, Federal or Fee       State         Unit Letter       M       660       Feet From The South       Men and       660       Feet From The         Unit Letter       M       660       Feet From The South       Name address to which approved copy of this form is to b         Name of Authorized Transporter of Oil       of Condensate       Address (Give address to which approved copy of this form is to b         Name of Authorized Transporter of Casinghead Gas       of Dry Gas       Address to which approved copy of this form is to b         Name of Authorized Transporter of Casinghead Gas       of Dry Gas       Address to which approved copy of this form is to b         Name of Authori	Lease No.
New Well       Change in Transporter of:       Name Change Only         Pecompletion       Oil       Dry Gas       Name Change Only         Change in Ownership       Casinahead Gas       Sordensate       Name Change Only         If change of ownership       Git anne       Sordensate       Name Change Only         If change of ownership       Git anne       Sordensate       Name Change Only         If change of ownership       Git anne       Sordensate       Name Change Only         If change of ownership       Git anne       Sordensate       Name Change Only         If change of ownership       Git anne       Sordensate       Sordensate         If change of ownership       Git anne       Sordensate       Kind of Ledse         If change of ownership       Neme       Name Change Only       From: Sun Oil Company         If change of ownership       Neme       None of Name, Including Formation       Kind of Ledse         State J       3       Township Net       Sordensate       State         Unit Letter       M       660       Feet From The       West         Line of Section 10       Township 16-S       Range 35-E       NMPM,       Lea         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       TA'd       Name of	Lease No.
Change in Ownership       Casinahend Gas       Dry Gas       From: Sun Oil Company         If change of ownership give name and address of previous owner       If change of ownership give name and address of previous owner       If change of ownership give name and address of previous owner         II. DESCRIPTION OF WELL AND LEASE Lease Name State J       Xell Not. Poel Nume, Including Formation State, Federal or Fee State         Unit Letter       M       660       Feet From The South       State, Federal or Fee State         Unit Letter       M       660       Feet From The South       Line and       660         Unit Letter       M       660       Feet From The Mest       West         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       TA'd       NMPM, Lea         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       TA'd       Address (Give address to which approved copy of this form is to b         Name of Authorized Transporter of Clasinghead Gas       or Condensate       Address (Give address to which approved copy of this form is to b         If well produces oil or liquids, que location of tarks.       Unit       Sec.       Twp.       Pige.       Is gas actually connected?       When         If this production is commingled with that from any other lease or pool, give commingling order number:       Unit       Comments       Unit	Lease No.
If change of ownership give name and address of previous owner         II. DESCRIPTION OF WELL AND LEASE Lease Name         Lease Name         State J         3         Townsend Wolfcamp         State J         Location         Unit Letter         M         660         Feet From The         South         Line of Section         10         Township         16-S         Range         35-E         NMPM,         Lea             III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS        Name of Authorized Transporter of Oasingnead Gas           Name of Authorized Transporter of Casingnead Gas        Address (Give address to which approved copy of this form is to b           Name of Authorized Transporter of Casingnead Gas       It well produces oil or liquids,       Unit     Sec.       Twp.     Pige.         Is gas actually connected?            Wen            If this production is commingled with that from any other lease or pool, give commingling order number:	Lease No.
and address of previous owner         II. DESCRIPTION OF WELL AND LEASE         Lease Name       Aelt No. Pool Name, Including Formation         State J       3         Location       0         Unit Letter       M         660       Feet From The         South       0         Location       0         Unit Letter       M         660       Feet From The         South       0         Line of Section       10         Township       16-S         Range       35-E         Name of Authorized Transporter of OIL AND NATURAL GAS       TA'd         Name of Authorized Transporter of Oil       or Condensate         Address (Give address to which approved copy of this form is to b         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Address (Give address to which approved copy of this form is to b         If well produces oil or liquids,       Unit         give location of tanks.       Unit         If this production is commingled with that from any other lease or pool, give commingling order number:         IV. COMPLETION DATA	Lease No.
Lease Name       Xeli No. Foot Mare, Including Formation       Kind of Lease         State J       3       Townsend Wolfcamp       State, Federal of Fee         Location       Unit Letter       M       660       Feet From The       South       Line and       660       Feet From The       West         Line of Section       10       Township       16-S       Range       35-E       , NMPM,       Lea         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       TA'd       Address (Give address to which approved copy of this form is to b         Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to b         If well produces oil or liquids, qive location of tarks.       Unit       Sec.       Twp.       Pge.       Is gas actually connected?       When         If this production is commingled with that from any other lease or pool, give commingling order number:       It wells order number:       It commingling order number:	Lease No.
State J       3       Townsend Wolfcamp       Kind of Lease         Location       Unit LetterM	Lease No.
Unit Letter M 660 Feet From The South Line and 660 Feet From The West Line of Section 10 Township 16-S Range 35-E , NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA'd Nome of Authorized Transporter of OII or Condensate Address (Give address to which approved copy of this form is to b Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to b If well produces oil or liquids, Unit Sec. Twp. Pige. Is gas actually connected? When If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA	
Line of Section 10 Township 16-S Range 35-E , NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA'd Name of Authorized Transporter of Oil and Condensate Address (Give address to which approved copy of this form is to b Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to b If well produces oil or liquids, Unit Sec. Twp. Pige. Is gas actually connected? When give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA	
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       TA'd         Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to b         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to b         If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.       Equal back         If this production is commingled with that from any other lease or pool, give commingling order number:       IV.       COMPLETION DATA	
Name of Authorized Transporter of Oli       or Condensate       Address (Give address to which approved copy of this form is to b         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to b         If well produces oil or liquids, qive location of tanks.       Unit       Sec.       Twp.       Fige.       Is gas actually connected?       When         If this production is commingled with that from any other lease or pool, give commingling order number:       IV.       COMPLETION DATA	County
Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to b         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to b         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to b         If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.       Fige.         If this production is commingled with that from any other lease or pool, give commingling order number:       IV.       COMPLETION DATA	
If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA	e sentj
If this production is commingled with that from any other lease or pool, give commingling order number:	e sent)
give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA	
IV. COMPLETION DATA	
Designate Type of Completion = (X)	Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	L
Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
Perforations Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN	т
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exce	ed top allow-
OIL. WELL     able 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 Cosing Pressure Choke Size	
Actual Pred. During Test Off-Bbls. Water-Bbls. Gas-MCF	
	]
GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	
Commission have been exactly divide a table to the	
Jerry Sexton	<u></u>
TITLE Dist 1 Supr.	
Acris Williams If this is a request for allowable for a newly drilled o	
(Signature) well, this form must be accompanied by a tabulation of the Accounting Assistant II	r deepened
(Title) All sections of this form must be filled out completely able on new and recompleted wells.	r deepened
(Date) Fill out only Sections I, II, III, and VI for changes well name or number, or transporter, or other such change of	r deepened e deviation v for allow-
Senerate Forms C-104 must be filed for each neal	r deepened • deviation • for allow- of owner, condition.