

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I.

Operator <i>Correction</i> Sun Exploration & Production Co.	
Address P.O. Box 1861, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please specify): CASINGHEAD GAS MUST NOT BE FLARED AFTER 3/12/81 UNLESS AN EXCEPTION TO RULE IS OBTAINED from U.S.G.S.	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jennings Fed Comm	Well No. 2	Pool Name, including Formation Northeast Lusk Yates	Kind of Lease State, Federal or Fee Federal	Lease No. NM063530
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u>				
Line of Section <u>15</u> Township <u>19-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77007				
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)				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15	Twp. 19-S	Rge. 32-E	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

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-11-80	Date Compl. Ready to Prod.	Total Depth 13055	P.B.T.D. 9850					
Elevations (DF, RKB, RT, CR, etc.) 3632	Name of Producing Formation Lusk Yates	Top Oil/Gas Pay	Tubing Depth					
Perforations	2950-2956					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		810'		450sx Class "H"			
12-1/4	8-5/8		4200'		1250sx Lite "C"			
7-7/8	4-1/2		13049'		950 sx Lite "H"			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 1-12-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 177	Water-Bbls. 0	Gas-MCF 1

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dee Ann Kemp
(Signature)
Accounting Assistant II
(Title)
January 15, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 18 1982, 19
BY Orig. Signed by
Jerry Sexton
TITLE Dir. & Secy

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 multiple

RECEIVED

FEB 17 1982

G. C. D.
HOBBS OFFICE