

NEW MEXICO OIL CONSERVATION COMMISSION
 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

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

I. Operator
 Sun Oil Company
 Address
 P. O. Box 1861 - Midland, TX 79702

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other: **CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/11/80 UNLESS AN EXCEPTION TO R-1070 IS OBTAINED from U.S.D.S.**

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

II. DESCRIPTION OF WELL AND LEASE *Northeast Lusk Yates R-6536*

| | | | | |
|--|---------------|---|---|-----------------------|
| Lease Name B Jennings Federal | Well No. 1 | Pool Name, including Formation <i>Midland Lusk Yates</i> | Kind of Lease State, Federal or Fee Federal | Lease No. NM025497 |
| Location Unit Letter K ; 2440 Feet From The South Line and 2290 Feet From The West | | | | |
| Line of Section 15 Township 19 s Range 32 E , NMPM, Lea 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Permian Corporation | P. O. Box 1183 - Houston, TX 77001 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Phillips Pipe Line Co. | Bartlesville, OK 74004 |
| If well produces oil or liquids, give location of tanks. Unit K Sec. 15 Twp. 19S Rge. 32E | Is gas actually connected? No When Two Weeks |

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 <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded July 29, 1980 | Date Compl. Ready to Prod. August 21, 1980 | Total Depth 3400' | | P.B.T.D. 3368' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3629.7' GR | Name of Producing Formation Yates | Top Oil/Gas Pay 2793' | | Tubing Depth 3027' | | | | |
| Perforations 2958' - 2962' 3331' - 3337' | | Depth Casing Shoe 3399' | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/2" | 8 5/8" csg. | | 437' | | 350 SX. | | | |
| 5 1/2" | 7 7/8" csg. | | 3400' | | 760 SX. | | | |
| | 2 3/8" tbg. | | 3027' | | | | | |

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 September 11, 1980 | Date of Test September 15, 1980 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hours | Tubing Pressure -- | Casing Pressure -- | Choke Size -- |
| Actual Prod. During Test | Oil-Bbls. 148 | Water-Bbls. 0 | Gas-MCF 8 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, 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.

Saris Williams
 (Signature)
 Sr. Accounting Assistant
 (Title)
 September 16, 1980
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **SEP 18 1980**, 19____
 BY *[Signature]*
 TITLE **SUPERVISOR DISTRICT 1**

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

INCLINATION REPORT

OPERATOR Sun Oil Co. ADDRESS Box 1861, Midland, Texas 79702
 LEASE NAME Jennings Fed. B # 1 WELL NO. # 1 FIELD _____
 LOCATION 2440' FSL, 2290' FWL, Sec. 15, T 19S, R 32E

| DEPTH | ANGLE INCLINATION DEGREES | DISPLACEMENT | DISPLACEMENT ACCUMULATED |
|-------|------------------------------|--------------|-----------------------------|
| 413 | 1/2 | 3.5931 | 3.5931 |
| 720 | 1/2 | 2.6709 | 6.2640 |
| 1244 | 3/4 | 6.8644 | 13.1284 |
| 1746 | 3/4 | 6.5762 | 19.7046 |
| 2276 | 1 | 9.2750 | 28.9796 |
| 2775 | 2 1/2 | 21.7564 | 50.7360 |
| 2888 | 2 | 3.9437 | 54.6797 |
| 3400 | 1 3/4 | 15.6160 | 70.2957 |

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Rhonda Ford

 TITLE Rhonda Ford, Office Manager

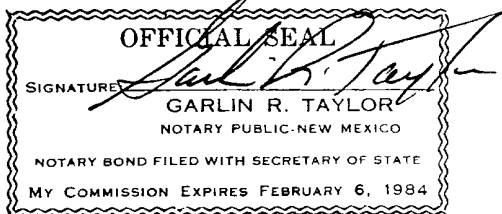
AFFIDAVIT:

Before me, the undersigned authority, appeared Rhonda Ford known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Rhonda Ford

 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 19th day of August, 19 80



SEAL

 Notary Public in and for the County
 of Lea, State of New Mexico