STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Signature)

(Title)

(Date)

Accountant

May 14, 1984

PR. 01 10PHE 011	Lives		
DISTRIBUTI	1	T	
SAUTA FE	1		
FILE	1	-	
U.B.G.B.	1	1	
LAND OFFICE	1-	 - 	
TRANSPORTER	DIL		1
	GAL	1	
OPENATOR			
PROMATION OFF	1		

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE

I. AUTHORIZATION TO TR.	AND ANSPORT OIL AND NATURAL GAS					
SUN EXPLORATION & PRODUCTION CO.						
P.O. Box 1861, Midland, Texas 79702						
Reason(s) for tiling (Check proper box) New Well Change in Transporter of: Recompletion X OII Change in Ownership Casinghead Gas	Other (Please explain) Dry Gas CHANGE TO BE EFFECTIVE JUNE 1, 1984					
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND LEASE Lease Name Pennzoil Fed. Comm 1 West La Rich						
Unit Letter J: 1980 Feet From The South Line of Section 29 Township 185 Range						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUI	P.O. Box 3187 Longview, Texas 75606					
Northern Natural Gas Co.	P.O. Box 2300 Midland, Texas 79702					
If well produces oil or liquids, que location of tanks. Unit Sec. Twp. Rge. J 29 18 34	Yes 9-2-81					
I this production is commingled with that from any other lease or po NOTE: Complete Parts IV and V on reverse side if necessary.	ol, give commingling order number:					
A. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division has been complied with and that the information given is true and complete to the best my knowledge and belief.	DIL CONSERVATION DIVISION MAY 1 6 1984 APPROVED					
Don't Will	This form is to be filed in compliance with RULE 1104.					

If this is a request for silowable 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 NULE 111. All cections 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 Comp	letion - (X)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Rost	
Date Spudded	Date Comp	I. Ready to Pr	od.	Total Depti	,		P.B.T.D.	1 	, 	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		rion	Top Oil/Gas Pay			Tubing Depth				
Periorations							Depth Casing Shoe			
		TUBING, C	ASING, AND	CEMENTI	de DECOSE					
HOLE SIZE	CASI	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
,										
. TEST DATA AND REQUE OIL WELL	ST FOR ALLO	WABLE (Te	est must be of le for this de	ier recovery opin or be for f	f total volumi	of load oil	and muss be eq	ual to crexce	ed top allow	
Cate First New Oil Run To Tanks	Date of Test	t		Producing Method (Flow, punip, gas lift, etc.)						
ength of Test	Tubing Pres	ewe		Casing Pressure Chore Size						
actual Prod. During Test	Oil-Bhis.			water - Bbis.			Gas-MCF			
AS WELL										
ctual Prod. Test-MCF/D	Length of Te									
osung Method (puot, back pr.)				Bblz. Conden	seate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of Co	ndeneate		
		me (Epas-in								

