

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

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-111
Effective 1-1-65

I. Operator
SUN OIL COMPANY
Address
P.O. BOX 1861, MIDLAND, TEXAS 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 (Please explain)
Casinghead Gas MUST NOT BE
FLARED AFTER 4/7/81
UNLESS AN EXCEPTION TO RULE
111 IS OBTAINED. From 4588

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE
5-1-81

II. DESCRIPTION OF WELL AND LEASE

Lease Name JENNINGS B FEDERAL	Well No. 3	Pool Name, including Formation NORTHEAST LUSK-YATES R6657	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NMO25497
Location Unit Letter F ; 1880 Feet From The NORTH Line and 1980 Feet From The WEST Line of Section 15 Township 19 South Range 32 EAST , 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"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1183, HOUSTON, TEXAS 77001					
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 K	Sec. 15	Twp. 19S	Rge. 32E	Is gas actually connected? NO - Vented	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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-17-81	Date Compl. Ready to Prod. 2-6-81		Total Depth 3050'		P.B.T.D. 3017'			
Elevations (DF, RKB, RT, GR, etc.) RKB 3643'	Name of Producing Formation Yates		Top Oil/Gas Pay 2794'		Tubing Depth 2997'			
Perforations 2958-64'					Depth Casing Shoe 2049'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" CSG		426'		375			
7 7/8"	5 1/2" CSG		3050'		540			
	2 3/8" TBG		2997'		N/A			

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 2/7/81	Date of Test 2/16/81	Producing Method (Flow, pump, gas lift, etc.) Pump w/1 1/2" Insert	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 56	Oil-Bbls. 56	Water-Bbls. 0	Gas-MCF 13

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.

Doris Williams
(Signature)

Sr. Accounting Assistant

(Title)

23 February 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 26 1981, 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.
P. O. Box 1861
Midland, Texas 79701

LEASE NAME: Jennings "B" Federal #3
Lea County, New Mexico

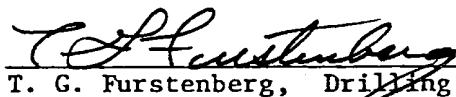
RECORD OF INCLINATION

*Measured Depth (feet)	Course Length (Hundreds of feet)	*Angle of Inclination (Degrees)	Displacement per 100 feet (Sine of Angle x 100)	Course Displacement (feet)	Accumulative Displacement (feet)
426	426	1	1.75	7.46	7.46
936	510	1 1/2	2.62	13.36	20.82
1431	495	1	1.75	8.66	29.48
1947	516	2	3.49	18.01	47.49
2463	516	2	3.49	18.01	65.50
2753	290	2	3.49	10.12	75.62
3050	297	2	3.49	10.36	85.98

Is any information shown on the reverse side of this form? No

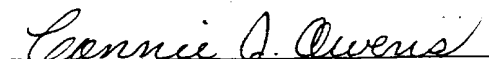
Accumulative total displacement of well bore at total depth of 3050 feet = 85.98 feet.

I declare that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks by the item numbers on this form.

 Signature of Authorized Representative
T. G. Furstenberg, Drilling Superintendent

Hillin Drilling Company
915/563-3560

Sworn to and subscribed before me this 5th day of February, 1981.


Notary Public in and for the
County of Ector, Texas
My commission expires 12/26/81