

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2083
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78
Format C-104-13
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Sun Exploration & Production Company	
Address P.O. Box 1861, Midland, Texas 79702	
Reason(s) for filing: (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter oil: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mescalero Mine, "B" Federal	Well No. 1	Pool Name, including Formation Mescalero Escarpe Bone Springs	Kind of Lease State, Federal or Fee	Lease No. Federal NM-21521
Location Unit Letter C : 330 Feet From The North Line and 1980 Feet From The West Line of Section 13 Township 18S Range 33E NMPM Loc County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Sun Refining & Marketing	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3137, Longview, Texas 75605
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge. C 13 18S 33E
Is gas actually connected? Yes	When October 2, 1985

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

John R. Rios
(Signature)
Sr. Accounting Assistant
(Title)
10/2/85
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
TITLE _____

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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow-
able 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
completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
8/18/85	10/1/85		9220		9102				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4020' GR	Bone Springs		6985		8774				
Perforations						Depth Casing Shoe			
8736-8776						9220			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACK CEMENT			
17½		13-3/8		35		375 CL 10			
11		8-5/8		3300		1100 Howell Size 3 CL 11			
7-7/8		5½		9220		550 CL 4			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Producing Method (Flow, pump, gas lift, etc.)	
10/4/85	10/6/85	Pumping - 2½ x 1½ x 26	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			16/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	231 B0	300 BW	381

GAS WELL

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

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 OCT 22 1985
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 HARRIS