

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 66-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Sun Exploration and Production Co.

Address
P.O. Box 1861, Midland, Texas 79702-1861

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mescalero Ridge "D" Federal	Well No. 1	Pool Name, including Formation Mescalero Escarpe Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM-04591
Location Unit Letter B : 330 Feet From The North Line and 2000 Feet From The East	Line of Section 14	Township 18-S	Range 33-E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

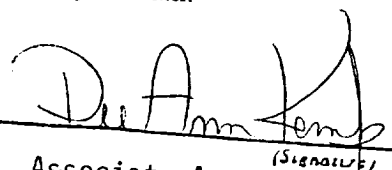
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Sun Refining & Marketing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3187, Longview, Texas 75606
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillip Petroleum Co. 66 Natl. Gas	Address (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.	Is gas actually connected? Yes when 3-3-86

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.


Associate Accountant
(Signature)
3-5-86
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 10 1986**, 19
BY **ORIGINAL SIGNED BY JERRY TEXTON**
TITLE **DISTRICT 1 SUPERVISOR**

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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
12-10-85	2-22-86		9150		9101				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3972.8' GR	Mescalero Bone		8710		8788				
Perforations						Depth Casing Shoe			
8772-8794						8788			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8		354		375 SXS				
12 1/4	8 5/8		3300		300 SXS				
7 7/8	5 1/2		9150		1340 SXS				

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 able 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.)	
1-28-86	3-2-86	1 1/2" Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	68	0	50

GAS WELL

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

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MAR 7 - 1986
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