

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
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 79702-1861

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 Federal	Well No. 2	Pool Name, including Formation Mescalero Escarpe Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. LC-063645
Location Unit Letter <u>G</u> : <u>1700</u> Feet From The <u>north</u> Line and <u>1700</u> Feet From The <u>east</u> Line of Section <u>13</u> Township <u>18-S</u> Range <u>33-E</u> NMPM. <u>Lea</u> County				

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, Tx 75606
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? when yes

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.

Dee Ann Kemp
(Signature)
Associate Accountant

1-24-86 (Date)

OIL CONSERVATION DIVISION

APPROVED FEB 3 - 1986, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
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 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 filled for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well X	Gas well	New well X	Workover	Deepen	Plug Back	Same Resv.	Diff. Re
Date Spudded 10-27-85	Date Compl. Ready to Prod. 12-9-85		Total Depth 9300		P.B.T.D. 8903				
Elevations (DF, RKB, RT, GR, etc.), 4006.8' GR	Name of Producing Formation Mescalero		Top Oil/Gas Pay 8749		Tubing Depth 8866				
Perforations 8749-8780		Depth Casing Shoe 8866							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8		363		375 SXS				
12-1/4	8-5/8		3241		900 SXS				
7-7/8	5-1/2		9300		1450 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-7-85	Date of Test 1-23-86	Producing Method (Flow, pump, gas lift, etc.) pumping 1-1/2"	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 13	Water - Bbls. 1	Gas - MCF 55

GAS WELL

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

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JAN 27 1986

1-27-86