

CONFIDENTIAL

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Sun Expl. & Prod. Co.	
Address P.O. Box 1861, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	Gas & condensate transporter now under negotiations
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico Federal Comm.	Well No. 1	Geology including Formation Atoka <i>Atoka</i>	Kind of Lease State, Federal or Fee	Lease No. Federal NM-04591
Location				
Unit Letter <u>H</u> : <u>2080</u> Feet From The <u>North</u> Line and <u>600</u> Feet From The <u>East</u>				
Line of Section <u>24</u> Township <u>18S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Sun Refining & Marketing Co.	P.O. Box 2039, Tulsa, OK 74102
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Llano, Inc.	921 West Sanger, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
H 24 18S 33E	No

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.

Maria L. Perez
(Signature)
Associate Accountant
(Title)
5/20/87
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 14 1987, 19_____
BY ORIGINAL SIGNED BY JEFFRY SEXTON
DISTRICT I 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 filed for each pool in multiply completed wells.

in 1st. 6th. 13th.

and 1st. 13th.

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 12/18/86	Date Compl. Ready to Prod. 3/10/87	Total Depth 13740			P.B.T.D. 13055				
Elevations (DF, RKB, RT, GR, etc.) 3952.3' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 12,504'			Tubing Depth None - Flowing				
Perforations 12955-12970						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17½	13-3/8		404		425				
11	8-5/8		5280		2400				
7-7/8	5½		13349		2150				
4-5/8	3½ Liner		13182-13730		100				

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D CAOF 57209	Length of Test 4hrs	Bbls. Condensate/MMCF 1/9719	Gravity of Condensate 52.1 @ 60 F
Testing Method (pilot, back pr.) 4 pt. back pressure	Tubing Pressure (shut-in) 4775#	Casing Pressure (shut-in) 0#	Choke Size 15.5/64"

RECEIVED
 JUN 8 1987
 OGD
 HOBBS OFFICE