

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input checked="" type="checkbox"/> Dry Gas	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maduro State Comm.	Well No. 1	Pool Name, including Formation Unit (Morrow) R-8233	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West				
Line of Section 16 Township 19S Range 33E, NMPM, Lea 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	P.O. Box 3187, Longview, Texas 75606
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.	Box 1320 Broadmoor Bldg, Hobbs NM 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	No 7-30-86

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.

  
(Signature)  
Associate Accountant  
(Title)  
4/15/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 4 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 filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-6-85	Date Compl. Ready to Prod. 4-2-86		Total Depth 13712		P.B.T.D. 13647				
Elevations (DF, RKB, RT, GR, etc.) 3645' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13123		Tubing Depth 13018				
Perforations (13508-24 plug at 13426) 13216-13320						Depth Casing Shoe 13018			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 5/8		416		425 SXS			
12 1/4		8 5/8		5200		3150 SXS			
7 7/8		5 1/2		13712		1800 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	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 4-8-86

Actual Prod. Test - MCF/D 1500	Length of Test 24 hrs.	Bbls. Condensate/MMCF 32	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 1750 #	Casing Pressure (Shut-in)	Choke Size 16/64

RECEIVED  
 APR 17 1986  
 O.C.D.  
 HOBBS OFFICE