STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	· ·
PILE OIL CONSER PILE P. O U.S.O.S. SANTA FE, N	Form C-104 Revised 10:01-78 Revised 10:01-78 Format 06:01-83 Page 1 NEW MEXICO 87501
TRANSPORTER OIL GAS GENERATOR REQUEST	FOR ALLOWABLE
I. AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GAS
Sun Exploration & Production Co.	
P. O. Box 1861, Midland, Texas 79702 Reoson(s) for filing (Check proper box)	Other (Please explain)
A New Sell Change in Transporter of: Aecompletion Oil Change in Ownership Casinghead Gas	Dry Gas Condensate
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Location	th-Atoka Gas State, Federal or Fee State
15 17 0	ine and Feet From The West
Township 17-3 Range	35-E , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of OIL G or Condensate S Sun Refining & Marketing Co.	Address (Give address to which approved come of the
Name of Authorized Transporter of Casinghead Gas or Dry Gas A	P. O. Box 2039, Tulsa, Ok. 74102 Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rge. give location of tanks. N 15 17-S 35-E	Is gas actually connected? When
If this production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary.	give commingling order number:
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.	OIL CONSERVATION DIVISION
	BY ORIGINAL SIGNED BY JERRY SEXTON
Marie Later	This form is to be filed in compliance with
(Signature) <	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with autoint of the deviation
12-10-87 (Title)	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 multiply completed wells.

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IV. COMPLETION DATA

Designate Type of Completi	on – (X)	Oil Well	Gas Well X	New Well X	Workover	Deepen	Piug Back	Same Restv.	Diff. Res
9-26-87 11-10 Elevations (DF. RKB. RT. GR. etc.) Name of F 3544.9' GR Atoka		roducing Formation		Total Depth 12-248' Top Oll/Gas Pay 11,650'			P.B.T.D. 12,173' Tubing Depth 11,970'		
Perforations 12,035-12,	070	TURNIA				···	Depth Casir		
HOLESIZE	CASI	IG & TUBIN	ASING, AND	CEMENTIN			· 		
17-1/2"	13-3/8'		0 5122	the second s	DEPTH SE	T		<u>cks cemen</u> 529	T
<u>12-1/4"</u> 7-7/8"	9-5/8			53	22		the second s	550	
	<u>5-1/2'</u> 2-7/8'			the second s	<u>48'</u> 70'	· · · · · · · · · · · · · · · · · · ·		100	
. TEST DATA AND REQUEST OIL WELL	FOR ALLO	WABLE (T	est must be aj la for this de	iter recovery o pth or be for f	f total volum	e of load oil	and must be eq	ual to or exce	ed top all
Date First New Oil Run To Tanks	Date of Test				ethod (Flow,				

			Producing Method (Flow, pump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure		
	Articl Deck Deck			Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gas - MCF	
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GAS WELL

Actual Prod. Teel-MCF/D	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
3,073	4-Pt	3.61 BC/mmcf	51.8 @ 60° F
4 pt. back pressure	Tubing Pressure (shut-is)	Casing Pressure (Ebut-in)	Choke Size
	1525#	0 - Pkr	14/64"

