00 000.22		:	:	Ş.		
DISTRIBUTIO				•		NEV
SANTA FE		1				14-4
FILE		i	1			
J.\$.G.\$.		1		Δ	UTHO	217
LAND OFFICE						
IRANSPORTER	OIL					
	GAS					
OPERATOR						
PROBATION OF	TICE					
Operator						
Sun Explor	ation	۱ &	Produ	ucti	on C	0.
Address						
				d, 1	exas	797
Reason(s) for filing	(Check p	orope	box)			
New Well	\Box			Cł	ange ir	Tran
Recompletion				01	.1	
Change in Ownership				Casinghead Gas		
If change of owners	ship giv	e nai	me		-	
and address of prev	vious ov	vner				
DECORION 0					_	
	F WEL	L A	ND LI	LASE W	ell No.	Pool
_	ar.			-	/	Eum
Location						Luin
	4		1020			
Unit Letter		- <i>:</i> —	1300	F	eet Fro	m Th€
Line of Section	12		Tours	eh (n	20	2
Line of Section	14		10411	3111.p	20	<u> </u>
DESIGNATION O	NE TRA	NSF	PORTE	TR O	F OIL	ANI
DESIGNATION O	F TRA	NSI orter o	PORTE	R O	F OIL	AND
DESIGNATION O	F TRA	ANSI orter o	PORTE	ER O	or C	AND
	JANTA FE J.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PROBATION OFF Operator Sun Explor Address P. O. Box Reason(s) for filing New Well Recompletion Change in Ownershi If change of ownershi If change of ownershi DESCRIPTION Off Lease Name Alaska Cooper Location Unit Letter	J.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator Sun Exploration Address P. O. Box 1861, Reason(s) for filing (Check) New Well Recompletion Change in Ownership If change of ownership give and address of previous over DESCRIPTION OF WELL Lease Name Alaska Cooper Location Unit Letter H	JANTA FE FILE J.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Cperator Sun Exploration & Address P. O. Box 1861, Mi Reason(s) for filing (Check proper New Well Recompletion Change in Ownership If change of ownership give nar and address of previous owner DESCRIPTION OF WELL A Lease Name Alaska Cooper Location Unit Letter H	J.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Cperator Sun Exploration & Production Address P. O. Box 1861, Midland Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LETTE COMME. Alaska Cooper Location Unit Letter H . 1980	DISTRIBUTION SANTA FE FILE J.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Coperator Sun Exploration & Production Address P. O. Box 1861, Midland, Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Alaska Cooper Location Unit Letter H : 1980	FILE J.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Sun Exploration & Production C Address P. O. Box 1861, Midland, Texas Reason(s) for filing (Check proper box) New Well Change in Change in Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Alaska Cooper 4 Location Unit Letter H ; 1980 Feet From

January 25, 1982

(Date)

SANTA FE	1 :	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
FILE		AND Effective 1-1-65		
J.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GAS		
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR	+			
PROBATION OFFICE				
Operator				
Sun Exploration	Production Co.			
Address	# 11 1 T 70702			
Reason(s) for filing (Check pro	idland, Texas 79702	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Otl Dry Ga	Name Change Only		
Change in Ownership	Casinghead Gas Conder	From: Sun Uil Co	mpany	
If change of ownership give and address of previous ownership				
 				
DESCRIPTION OF WELL				
Lease Name	Well No. Pool Name, Including F	·	Lease No.	
Alaska Cooper	4 Eumont Yates 7	Rvrs On (Pro Gas)e, Federal cr	State	
_	1000 Nonth	660	lilos+	
Unit Letter H;	1980 Feet From The North Lin	ie and UUU Feet From The	ME2 (
Line of Section 12	Township 20-S Range	36-E , NMPM, Lea	County	
	PORTER OF OIL AND NATURAL GA			
Name of Authorized Transporte	of Oil or Condensate	Address (Give address to which approved	copy of this form is to be sent)	
NONE	A Coult New Con Tier on Day Con Tier	Address (Give address to which approved	conv of this form is to be cent)	
Name of Authorized Transporte				
El Paso Natural Ga	S Company Unit Sec. Twp. Rge.	P. O. Box 1492, F1 Paso, Is gas actually connected? When	Texas 79999	
If well produces oil or liquids, give location of tanks.				
If this resolution is commission	led with that from any other lease or pool,	give commingling order number:		
. COMPLETION DATA	red with that from any other rease or poor,			
Designate Type of Con	Oil Well Gas Well	New Well Workover Deepen F	Plug Back Same Resty. Diff. Resty	
		+	3.7.7.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR	etc. Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
, , , , , , , , , , , , , , , , , , ,				
Perforations		1	Depth Casing Shoe	
		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQU	ST FOR ALLOWABLE (Test must be	after recovery of total volume of load oil and	d must be equal to or exceed top allow	
OIL WELL		lepth or be for full 24 hours)		
Date First New Oil Run To To	ike Date of Test	Producing Method (Flow, pump, gas lift,	etc.)	
	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	. while Liespite			
Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
' 				
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
T-10-12-12-12-12-12-12-12-12-12-12-12-12-12-	Tubica Description (12)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back p	Tubing Pressure (Shut-in)	Gashiy 1.000 mg (base 3m)		
CERTIFICATE OF COM	HANCE	OII CONSERVAT	ION COMMISSION	
. CERTIFICATE OF COM	LIANCE			
I harahu nastifu that tha auf	s and regulations of the Oil Conservation		198 2	
Commission have been cor	plied with and that the information given			
above is true and complete	to the best of my knowledge and belief.	Controls		
		BY O to Signod I		
, , >	A 1)	This form is to be filed in co	mpliance with RULE 1104.	
Maria	+ resq	If this is a request for allows	ble for a newly drilled or deepend	
	· · · /	well, this form must be accompani tests taken on the well in accord-	ed by a tabulation of the deviation	
Senior Accounti	ng Assi stance	11	he filled out completely for allow	

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.

Secretal Forms C-104 must be filed for each pool in multiply