STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT					
DISTRIBUTION SANTA FE	OIL CONSER	VATION DIV BOX 2088	ISION	Form C-104 Revised 10-01-78 Format 06-01-83 Page 1	
LAND OFFICE	SANTA FE, N	EW MEXICO 8	7501		
OPERATOR PROVATION OFFICE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Operation Sun Exploration & Product					
P.O. Box 1861, Midland,					
Reason(s) for liling (Check proper box)   X New Well   Recompletion Change in Ownership	Change in Transporter of: Oti Casinghead Gas	Other of Dry Gas Condensate	(Please explain)		
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND	EASE Well No. Pool Name, Including	C2			
S.E. Cone	5 Wantz ( <del>Grai</del>	Hite Wash)	Kind of Lease State, Federal or Fee	Fee Loase No.	
Unit Letter J : 1880 Line of Section 26 Townsh	Feet From The <u>SOUth</u> L	•	Feet From The Ea	ist	
III. DESIGNATION OF TRANSPOR			ммрм, Lea	County	
Name of Authorized Transporter of Oil X Texas New Mexico Pipeline Name of Authorized Transporter of Casingh	<u>Co.</u>	Address (Give add	ress to which approved copy of 510. Midland Toxa	this form is to be sent)	
Warren Petroleum Company		<u>P.O. Box 1</u>	1510, Midland, Texa ress to which approved copy of 1589, Tulsa, OK.	this form is to be sentj	
give location of tanks.		is gas actually cor	1		
If this production is commingled with th 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 been complied with and that the info	the Oil Concernation Division	OI	L CONSERVATION	ISION	
been complied with and that the information give my knowledge and belief.	en is true and complete to the best of	BYORIG	INAL SIGNED BY JERRY SI	EXTON	
DA VI		TITLE	DISTRICT I SUPERVISOR		
SR. ACCTG. ASSIST		If this is a well, this form n tests taken on t	a to be filed in compliance request for sllowable for s must be accompanied by a to he well in accordance with	newly drilled or deepened abulation of the deviation RULE 111.	
DECEMBER 30, 1983		All sections able on new and	of this form must be filled recompleted wells.	out completely for allow-	
(Daie)	÷		y Sections I. II. III., and V. ber, or transporter, or other a rma C-104 must be filed for	NUCH Chings of conditions	

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## IV. COMPLETION DATA

Designate Type of Completio	on = (X) $X$ $Gas Well Gas Well X$	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Date Spudded 8-6-83	Date Compl. Ready to Prod. 12-12-83	Total Depth 7750'	P.B.T.D. 7480 CIBP	
Elevations (DF, RKB, RT, CR, etc.) 3381.8' GL	Abo Top Oll/Gas Pay 6652		Tubing Depth 7122	
Perforations 6720-7456			Depth Casing Shoe 7750	
	TUBING, CASING, A	ND CEMENTING RECORD	//30	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
124	9-5/8	1305	700sxs	
7-7/8	5-1/2	7750	2850sxs	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excess top allow-OIL WELL able for this depth or be for full 24 hows)

Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)	
9-14-83	12-29-83	Pump 1 <sup>1</sup> / <sub>5</sub> "	Pump 11 <sup>2</sup> "	
Length of Teat 24 hrs	Tubing Pressure	Casing Pressure	Choże Size	
Actual Prod. During Tool	Oil-Bbis.	Wator - Bbls.	Gas - MCF	
	31	6	162	

## GAS WELL

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Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Mathod (pitot, back pr.)	Tubing Pressure (Shat-in )	Casing Pressure (Shut-is)	Choke Size
L			

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JAN 3 1984 O.C.D. HOB&S OFFICE