

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
 Supersedes Old C-104 and C-1
 Effective 1-1-65

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR
 Operator Sun Exploration & Production Co.
 Address P. O. Box 1861, Midland, TX 79702

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
 FLARED AFTER 12/1/83
 UNLESS AN EXCEPTION TO R-4070
 IS OBTAINED.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eva Owens</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>L</u> ; <u>1780</u> Feet From The <u>South</u> Line and <u>660 760</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>21-S</u> Range <u>37-E</u> <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texan New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510, Midland, TX 79702</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, TX 79999</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				<u>910</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>8/30/83</u>	Date Compl. Ready to Prod. <u>10/3/83</u>		Total Depth <u>6700</u>		P.B.T.D. <u>6690</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3369 8' GR</u>	Name of Producing Formation <u>Drinkard</u>		Top Oil/Gas Pay <u>6457</u>		Tubing Depth <u>6460</u>			
Perforations <u>6665-6670, 6644-6581</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4</u>	<u>8-5/8</u>		<u>1300</u>		<u>200 SXS</u>			
<u>7-7/8</u>	<u>5-1/2</u>		<u>6700</u>		<u>2175 SXS</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 <u>9/30/83</u>	Date of Test <u>10/4/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>280</u>	Casing Pressure	Choke Size <u>17/64</u>
Actual Prod. During Test	Oil - Bbls. <u>11</u>	Water - Bbls. <u>4</u>	Gas - MCF <u>225</u>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dee Ann Kemp
 (Signature)
 Sr. Acct. Asst.
 (Title)
 10/7/83
 (Date)

OIL CONSERVATION COMMISSION
OCT 28 1983

APPROVED _____, 19____
 BY JERRY 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 multiple.

AWP

RECEIVED
OCT 12 1983
O.C.D.
HCBBS OFFICE