

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

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-105
Effective 1-1-65

I. 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 1-1-84
UNLESS AN EXCEPTION TO R-407C
IS OBTAINED.**
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State "A" A/C 2	64	Eunice Seven Rivers Queen	State, Federal or Fee State	
Location Unit Letter <u>A</u> : <u>1250</u> Feet From The <u>North</u> Line and <u>1250</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>22-S</u> Range <u>36-E</u> T12N22S36E Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	P. O. Box 1510 Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	4001 Penbrook Odessa, TX 79602
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>4/2</u> <u>10/26/83</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8/13/83	10/18/83	3900	3895					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3564.4' GR	Queen	3719	3815					
Perforations	Depth Casing Shoe							
3840-3876, 3792-3832, 3756-3788								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	579	375 Sxs					
7-7/8	5-1/2	3900	1300 Sxs					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/14/83	10/25/83	Pumping 1-1/4"	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	3	64	23

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)
Senior Accounting Assistant
(Title)
11/14/83
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 16 1983, 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 multiple

INCLINATION REPORT

OPERATOR Sun Exploration & Production Co. ADDRESS P.O. Box 1861, Midland, Texas 79702LEASE NAME State 'A' AIC 2 WELL NO. 64 FIELD Elmview-Silver River, Quince, SouthLOCATION Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
579	3/4	7.5849	7.5849
1041	1	8.0850	15.6699
1537	1 1/4	10.8128	26.4827
2036	1 1/2	13.0738	39.5565
2502	1 1/2	12.2092	51.7657
3000	1 1/4	10.8564	62.6221
3312	1 1/4	6.8016	69.4237
3781	1	8.2075	77.6312
3900	1	2.0825	79.7137

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

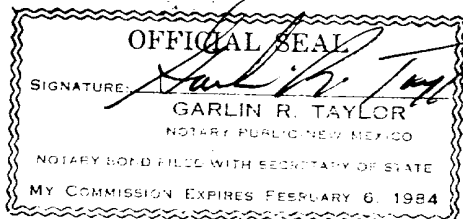
Debbie Clark
TITLE DEBBIE CLARK, OFFICE MANAGER

AFFIDAVIT:

Before me, the undersigned authority, appeared DEBBIE CLARK
known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Debbie Clark
AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 25 day of AUGUST, 1983



SEAL

Notary Public in and for the County
of Lea, State of New Mexico