

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-1  
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 12-1-83  
UNLESS AN EXCEPTION TO R-407G  
IS OBTAINED.**  
If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
Lease Name State "A" A/C 2 Well No. 68 Pool Name, including Formation Eunice Seven Rivers Queen Kind of Lease State, Federal or Fee State State Lease No. \_\_\_\_\_  
Location  
Unit Letter E 2570 Feet From The North Line and 70 Feet From The West  
Line of Section 9 Township 22-S Range 36-E T1N1M1P1, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas-New Mexico, Pipeline Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1510, Midland, TX 79701  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Phillips Pipeline Co. Address (Give address to which approved copy of this form is to be sent)  
Phillips Bldg. Rm 711 Odessa, TX 79760  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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 Res'tv. ☐ Diff. Res'tv. ☐  
Date Spudded 8/8/83 Date Compl. Ready to Prod. 9/15/83 Total Depth 3910 P.B.T.D. 3889  
Elevations (DF, RKB, RT, GR, etc.) 3585.0' GR Name of Producing Formation Queen Top Oil/Gas Pay 3695' Tubing Depth 3826  
Perforations 3885-3911 (Open Hole-Sqzd) 3857-3869, 3823-3847, 3766-3808 Depth Casing Shoe \_\_\_\_\_  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
12-1/4 8-5/8 582 375 SXS  
7-7/8 5-1/2 3885 950 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 <u>9/13/83</u>	Date of Test <u>9/27/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping 1-1/2"</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>10</u>	Water-Bbls. <u>9</u>	Gas-MCF <u>33.4</u>

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.  
De Ann Kemp (Signature)  
Sr. Acctg. Asst. (Title)  
9/29/83 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY \_\_\_\_\_  
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 Form C-104 must be filed for each pool in multiple