

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Sun Exploration & Production Co.

Address
P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☒ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

Recomplete from Tubb. to Blinebry

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eva Owens A	Well No. 3	Pool Name, including Formation Blinebry	Kind of Lease State, Federal or Fee	State	Lease
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>west</u>					
Line of Section <u>25</u> Township <u>21-S</u> Range <u>37-E</u> NMPM. Lea Coun					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	P. O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Texaco	P. O. Box 3000, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
	Yes

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)
Associate Accountant
5-14-85
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 22 1985

BY Eddie W. Seay

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res.v.	Diff.
2-25-85 workover		X			X		X		X
Date Compl. Ready to Prod.		4-20-85		Total Depth		6700		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)		3376.5' GR		Name of Producing Formation		Blinebry		Top Oil/Gas Pay	
Perforations		6054-6094, 5868-5936, 5789-5827		Tubing Depth		6149		Depth Casing Shoe	
								6149	
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4		8-5/8		1375		925 SXS			
7-7/8		5-1/2		6700		2100 SXS			

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top able 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.)	
5		5-4-85		1 1/2" pump	
Length of Test		Tubing Pressure		Casing Pressure	
24 hrs.					
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
		34		33	
				79	

GAS WELL

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