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REQUEST

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

**CORRECTED REPORT**

I. Operator

Sun Oil Company

Address

Box 1861, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New well

Recompletion

Change in Transporter X

Other

**NOTE: Request change of Lease Name from Joseph Akens to J. A. Akens "B" Lease.**

If change of ownership give name and address of previous owner

Apollo Oil Company, Box 1672, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | | | Lease No. |
|---|---|---|---|
| J. A. Akens "B" | 1 | Eunice-Monument (G-SA) | Fee - |

Location

| Unit Letter | | | | |
|---|---|---|---|---|
| U | 466 | North | 466 | West |

| Line of Section | | | | County |
|---|---|---|---|---|
| 3 | 21-S | 36-E | Lea | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X — Address (Give address to which this form is to be sent)

Arco Pipeline Company — Drawer XX, Denver City, Texas 79323

Name of Authorized Transporter of Casinghead Gas or Dry Gas X — Address (Give address to which this form is to be sent)

Phillips Petroleum Company — Frank Phillips Bldg., Bartlesville, Okla.74003

If well produces oil or liquids, give location of tanks.

| Unit | Sec. | Twp. | Rge. | Is gas actually connected? |
|---|---|---|---|---|
| U | 3 | 21-S | 36-E | Yes |

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 Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

Date Spudded — Date Compl. Ready to Prod. — Total Depth — P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.) — Name of Producing Formation — Top Oil/Gas Pay

Perforations — Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | SACKS CEMENT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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 allowable for this depth or be for a full 24 hours)

OIL WELL

Date First New Oil Run To Tanks — Date of Test — Producing Method (Flow, pump, gas lift, etc.)

Length of Test — Tubing Pressure — Casing Pressure — Choke Size

Actual Prod. During Test — Oil-Bbls. — Water-Bbls. — Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D — Length of Test — Bbls. Condensate/MCF

Testing Method (pitot, back pressure, etc.) — 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.

OIL CONSERVATION COMMISSION

_____, 19 _____

Charles Gray
(Signature)

Proration Clerk
(Title)

2-4-74
(Date)

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, it must be accompanied by a tabulation of the deviation tests in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill only Sections I, II, III, and VI for changes of owner, well name or number, transporter, or other such change of condition.

Separate C-104 must be filed for each pool in multiply completed wells.