

Con't Akens, J.A. well #2

5. Proceed w/plugging procedure. Set cmt ret. @ 3770' & cmt sqz OH w/approx. 100 sx, leave 5 sx cmt on top of ret. If necessary, sqz thru OH pkr set @ 3801'.
6. Pull up & spot cmt plug 2720-2620'. POH.
7. GO perf 4-way shot @ 1000'.
8. RIH w/7" cmt ret. on WS. Set ret @ 950'. Establish circ. & pmp cmt, circ cmt to surf, if possible. Leave 5 sx cmt on ret.
9. Pull up & spot 10 sx cmt plug @ surface. Cut off csg 4' below ground level. Weld on steel plate. Set permanent dry hole marker. Cln location.



**Job separation sheet**

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |     |
|------------------------|-----|
| NO. OF COPIES RECEIVED |     |
| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILE                   |     |
| U.S.G.A.               |     |
| LAND OFFICE            |     |
| 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 66-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Sun Exploration and Production Company**

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

Reason(s) for filing (Check proper box)

|                                                         |                           |                        |
|---------------------------------------------------------|---------------------------|------------------------|
| <input type="checkbox"/> New Well                       | Change in Transporter of: | Other (Please explain) |
| <input type="checkbox"/> Recompletion                   |                           |                        |
| <input checked="" type="checkbox"/> Change in Ownership |                           |                        |

|                                         |                                     |
|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Oil            | <input type="checkbox"/> Dry Gas    |
| <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner: **Chevron U.S.A. Inc. Box 1660, Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE

|                                  |                         |                                                                 |                                                      |                               |
|----------------------------------|-------------------------|-----------------------------------------------------------------|------------------------------------------------------|-------------------------------|
| Lease Name<br><b>Akens, J.A.</b> | Well No.<br><b>2</b>    | Pool Name, including Formation<br><b>Eunice-Monument (G-SA)</b> | Kind of Lease<br>State, Federal or Fee<br><b>Fee</b> | Lease N                       |
| Location                         |                         |                                                                 |                                                      |                               |
| Unit Letter<br><b>V</b>          | <b>1980</b>             | Feet From The<br><b>West</b>                                    | Line and<br><b>660</b>                               | Feet From The<br><b>South</b> |
| Line of Section<br><b>3</b>      | Township<br><b>21-S</b> | Range<br><b>36-E</b>                                            | NMPM                                                 | Lea                           |
|                                  |                         |                                                                 |                                                      | Count                         |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |
| <b>None</b>                                                                                                              |                                                                          |
| 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) |
| <b>Phillips Pipe Line Company</b>                                                                                        | <b>1st Floor, Phillips Bldg. Annex.</b>                                  |
| If well produces oil or liquids, give location of tanks.                                                                 | Is gas actually connected? when                                          |
|                                                                                                                          | <b>Bartlesville, OK 74004</b>                                            |

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]*  
(Signature)

Associate Accountant

(Title)

2-19-86

(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 24 1986**, 19

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 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 completed wells.