| | - | | | |
|----|------------------|-----|--|----------|
| ٠. | J. 07 CO | i | | |
| | DISTRIBUTION | | | |
| | SANTA FE | | | |
| | FILE | | | |
| | U.S.G.S. | | | |
| i | LAND OFFICE | | | |
| | TRANSPORTER | OIL | | |
| | | GAS | | <u>L</u> |
| 1. | OPERATOR | | | |
| | PRORATION OFFICE | | | <u> </u> |
| - | Operator | | | |
| | Sun Evnloration | | | Dro |

NEW MEXICO OIL CONSERVATION COME 10N

| Ţ | SANTA FE | REQUEST I | FOR ALLOWABLE | Supersedes Old C-104 and C-11 Effective 1-1-65 | | | |
|--|--|---|---|--|--|--|--|
| ! | FILE | AUTHORITATION TO TRA | AND | | | | |
| i | U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL GA | AS | | | |
| - 1 | OIL | | | | | | |
| | TRANSPORTER GAS GAS | | | | | | |
| | OPERATOR | | | | | | |
| 1. | PRORATION OFFICE Operator | | | | | | |
| | Sun Exploration & Proc | duction Co. | | | | | |
| | Address | | | | | | |
| | P. O. Box 1861, Midlar | nd, Texas 79702 | Other (Please explain) | | | | |
| | Reason(s) for filing (Check proper box) New Well | Change in Transporter of: | | | | | |
| | Recompletion | Oil Dry Gas | Name Change Only | | | | |
| | Change in Ownership Casinghead Gas Condensate From: Sun Oil Company | | | | | | |
| , | If change of ownership give name | | | | | | |
| | and address of previous owner | | | | | | |
| 11. | DESCRIPTION OF WELL AND L | EASE | | | | | |
| | Lease Name | Well No. Pool Name, Including Fo | | Lease No. | | | |
| | State Land "15" | 4 Drinkard | State, Federal | or Fee State | | | |
| | Location P 66 | O Feet From The East Lin | 660 | _{he} South | | | |
| | Unit Letter; | | e and OOO Feet From T | ne | | | |
| | Line of Section 16 Town | nship 21-S Range 3 | 7-Е , _{NMPM} , Lea | County | | | |
| | | TO OF OIL AND MATTIBAL CA | e. | | | | |
| III. | DESIGNATION OF TRANSPORT | or Condensate | Address (Give address to which approv | ed copy of this form is to be sent) | | | |
| | Mobil Pipeline Company | | P. O. Box 900 Dallas | Texas 75221 | | | |
| | Name of Authorized Transporter of Casi | Inghead Gas or Dry Gas | P. O. Box 900, Dallas, Address (Give address to which approv | ed copy of this form is to be sent) | | | |
| | Getty Oil Company | Unit Sec. Twp. Rge. | P. O. Box 300 0il Cent Is gas actually connected? Whe | er Bldg. Tulsa, Ok. | | | |
| | If well produces oil or liquids, give location of tanks. | P 16 21-S 37-E | | " 74102 2-77 | | | |
| | If this production is commingled with | f this production is commingled with that from any other lease or pool, give commingling order number: R-5588 | | | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | | |
| | Designate Type of Completion | | New Well Works Bespen | 1 Same ness in Similar ness in | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | |
| | | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Permation | Top On/Gds Pdy | Tubing Depth | | | |
| | Perforations . | | | Depth Casing Shoe | | | |
| | | TUBING, CASING, AND | CEVENTING DECORD | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | 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 o | | | | | | | |
| • • | OH. WELL able for this depth or be for full 24 hours) | | | | | | |
| | Date First New Oil Run To Tanks | Date of Test | riodicing (vicinos (rios), pamp, assis) | .,, | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | |
| | | | Water-Bbls. | Gas • MCF | | | |
| | Actual Prod. During Test | Oil-Bbls. | wdter - Bols. | GGE-WC1 | | | |
| | | | | | | | |
| | GAS WELL | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | |
| | | | | | | | |
| VI. | VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | | | |
| | | | APPROVED, 19 | | | | |
| | I hereby certify that the rules and r Commission have been complied w | ith and that the information given | N | | | | |
| | above is true and complete to the | best of my knowledge and belief. | BY Cyfg Staned By Jessey Section TITLE Disc 1, Supple | | | | |
| | | | TITLE Dist i bugs | | | | |
| | | | 11 | This form is to be filed in compliance with RULE 1104. | | | |
| | 11 . 1 | 0. | This form is to be filed in | compliance with RULE 1104. | | | |
| | Maria L. | Perez | This form is to be filed in o | compliance with RULE 1104. Vable for a newly drilled or deepened nied by a tabulation of the deviation | | | |

(Title)

(Date)

January 25, 1982

All sections of this form must be filled out completely for showable 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.

Secrete Forms C-104 must be filled for each pool in multiply

| 1. | DISTRIBUTION SANTA FE J.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE CPETITOT Sun Exploration & Propertions P. O. Box 1861, Midla Reason(s) for tiling (Check proper box) | AUTHORIZATION TO TRA | CNSERVATION COM ION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G | Form (1-104 Supersedes Old (-1 % ind (1-1) Uttective 1-1-08 | |
|---|--|---|--|---|--|
| | Mew Well Recompletion Change in Ownership If change of ownership give name and address of previous owner | Change in France externate Off | Name Change Only | | |
| | | TIACT | | | |
| 11. | DESCRIPTION OF WELL AND L | West Most Park, Manes in Artuma | | 1.74 | |
| | State Land "15" | 4 Tubb Oil and G | idS State, Pederai | state | |
| | | 60 Feet From The East Lin | A ind 660 Feet Prop T | e. South | |
| | | | | | |
| | Line of Section 16 Tow | nehte 21-5 Himse 3 | 37-E , NMFM, Lea | Notaty . | |
| ш. | DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GA | iS Alicens (Give address to which approv | - | |
| | Northern Natural GAS to | ingnered Gas 🗍 or . ry i el 🔀 | P. O. Box 1137, Eunice. 2223 Dodge St., Omaha, 1 P. O. Box 1137, Eunice. | NM 88231 Neb. 68102 | |
| | If this production is commingled wit | h that from any other lease or pool, | give commingling order number: | R-5588 | |
| 1V. | COMPLETION DATA | Cil Well - Gitt well | New Well Workover Deepen | I fruging x - Jame Rests, Lift, Feesty. | |
| | Designate Type of Completio | n = (X) . Bandy to From . | Transfer | F.B.T.D. | |
| | t | | | F.D | |
| | Devations (DF, RKB, RT, GR, etc.) | Name of Freducing Posmetten | Trap di/Gas Pay | Tulus; Feyth | |
| | efforations | | | De; the lastrat Shoe | |
| | ; Attendions | | | | |
| | | | D CEMENTING RECORD | | |
| | HOLE SIZE | CASING & TUBING SIZE | | SACKS CEMENT | |
| | | | | | |
| | I and the second | | | | |
| v | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a | ifter recovery of total volume of load oil | and must be equal to or exceed top allow | |
| ٠. | OH, WELL | able for this de | epth or be for full 24 hours) Producting Method (Flow, pump, gas li) | | |
| | Date First New Off Hon To Tanks | Dute of .act | Second trained (From, pump, gas ii) | i, etci) | |
| | Length of Test | Tubing Fressure | Casing Pressure | Choxa Sine | |
| | | 011-351n. | Water - Bbls. | Gda • MCF | |
| | Actual Prea. During Test | J. J. J. | | | |
| | 1 | | | | |
| | GAS WELL Actum, Prod. Test-MOF/O | Langth of Test | : Bbls. Condensate/MMCF | Gravity of Condensate | |
| | AC,40, F100. I BBIT TIDE/O | Longin or root | | | |
| | Testin; Method (pitot, back pr.) | Tubing Pressure (Shuc-na) | Chaing Pressure (Shut-in) | Choke Size | |
| _ | | | | TION CONTROL ON | |
| VI. | CERTIFICATE OF COMPLIANC | CERTIFICATE OF COMPLIANCE | | TION COMMISSION | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | APPROVED, 19 | | |
| | Commission have been complied wabove is true and complete to the | ith and that the information given best of my knowledge and belief. | BY | | |
| $\sim 1 \text{\AA}$ | | TITLE | | | |

Senior Accounting Assistance

January 25, 1982

(Title)

(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, 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.

Secrete Forms C-104 must be filed for each cool in multiply.