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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, Texas 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)
Name Change Only
From: Sun Oil Company
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Land "15"	Well No. 5	Pool Name, including Formation Blinebry Oil and Gas	Kind of Lease State, Federal or Fee	Lease No. State
Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>NONE Texas New Mexico PL</u>	Address (Give address to which approved copy of this form is to be sent) NONE						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Oil Center Bldg., Tulsa, Ok.						
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 16	Twp. 21-S	Rge. 37-E	Is gas actually connected? Yes	When 1-2-63	74102

If this production is commingled with that from any other lease or pool, give commingling order number: PC-406

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	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/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Maria L. Perez
(Signature)
Senior Accounting Assistance
(Title)
January 25, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John S. Sorenson
TITLE Dist. I. Supv.

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

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> 5. State Oil & Gas Lease No.
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Name of Operator SUN OIL COMPANY		7. Unit Agreement Name 8. Farm or Lease Name State Land "15"
Address of Operator P. O. Box 1861, Midland, Texas 79701		9. Well No. 5
4. Location of Well UNIT LETTER P 330 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 21-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Blinebry Oil
15. Elevation (Show whether DF, RT, GR, etc.) RT 3446 DF 3444		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Casing Line & Valve Assembly

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Dug out cellar to 13-3/8" conductor & 8-5/8" Bradenhead outlets. 13-3/8" conductor string is circulated from surface to TD with cement. No Riser installed.
2. Installed 2" Riser from Bradenhead to surface on 8-5/8" csg. & opened valve.
3. Installed valve on Riser at surface and closed surface valve.
4. Identified Riser as to size of casing.
5. Well inspected by Mr. Leslie Clements 10-24-74.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Charles Gray TITLE Proration Analyst DATE 10-24-74

Signed by Joe D. Barney TITLE _____ DATE _____

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: _____