

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OPERATOR	
PROMOTION 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 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:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>W.W. Weatherly</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>K</u> : <u>2052.6</u> Feet From The <u>West</u> Line and <u>2057.6</u> Feet From The <u>South</u> Line of Section <u>17</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Sun Refining &amp; Marketing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3127 Louisville KY 75106</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Getty Oil Company Texas Producing Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 300 Oil Center Bldg, Tulsa OK 74102</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when

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  
(Title)  
8/12/85  
(Date)

OIL CONSERVATION DIVISION  
**AUG 16 1985**  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY EDDIE 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 deviatoric 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. Res'v.
		X			X				X
Date Spudded	6/14/85	Date Compl. Ready to Prod.	7/11/85	Total Depth	6646	P.B.T.D.	6644		
Elevations (D.F., RKB, RT, GR, etc.)	3475' GR	Name of Producing Formation	Drinkard	Top Oil/Gas Pay	6170	Tubing Depth	6445		
Perforations	6590-6644, 6490 - 6560					Depth Casing Shoe	6445		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16	13-3/8	348	300
12-1/4	9-5/8	2841	1600
8-3/4	5-1/2	6646	600

#### 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	6-25-85	Date of Test	8/6/85	Producing Method (Flow, pump, gas lift, etc.)	Pumping 1-1/4"
Length of Test	24 hrs	Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil-Bbls.	28	Water-Bbls.	17
				Gas-MCF	211

#### GAS WELL

Actual Prod.	Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)		Tubing Pressure (Shot-in)		Casing Pressure (Shot-in)	Choke Size

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AUG 15 1985  
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