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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION 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-110
Effective 1-1-65

| | |
|--|---|
| Operator Sun Oil Company | |
| Address Box 1861, Midland, TX 79702 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | |

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---|--|-----------|
| Lease Name J. A. Akens | Well No. 10 | Pool Name, including Formation Oil Center/Blinebry | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter <u>NV</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>3</u> Township <u>21-S</u> Range <u>36-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"/> Atlantic Richfield Co. | Address (Give address to which approved copy of this form is to be sent) Box 1710, Hobbs, NM 88240 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co. | Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 3 | Twp. 21-S | Rge. 36-E | Is gas actually connected? Yes | When 12-26-78 |

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

V. COMPLETION DATA

| | | | | | | | | |
|--|---|------------|--------------------------|----------------------------|-----------------------|-----------|------------|-------------|
| Designate Type of Completion - (X) | Oil Well X | Gas Well | New Well X | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
| Date Spudded 9-16-78 | Date Compl. Ready to Prod. 11-1-78 | | Total Depth 6319' | | P.B.T.D. 6282' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3583.5 Gr. | Name of Producing Formation Blinebry | | Top Oil/Gas Pay 5872' | | Tubing Depth 6249' | | | |
| Perforations 6220-59 | | 5872-6191' | | Depth Casing Shoe 6282' | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" 24# | | 1300' | | 600 | | | |
| 7 7/8" | 5 1/2 15.5# | | 6300' | | 450 | | | |
| | 2 7/8 tbg. | | 6249' | | | | | |

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)

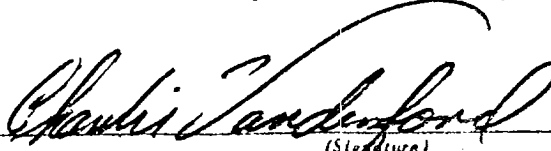
| | | | |
|--|--------------------------|---|--------------------|
| Date First New Oil Run To Tanks 11-1-78 | Date of Test 12-27-78 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs. | Tubing Pressure - | Casing Pressure - PKR. | Choke Size Open |
| Actual Prod. During Test | Oil-Bbls. 31 | Water-Bbls. 79 | Gas-MCF 67 |

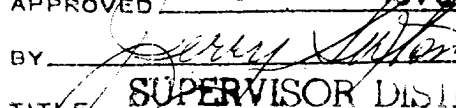
GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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.


Office Assistant
12-28-78
(Date)

| | |
|-----------------------------|--|
| OIL CONSERVATION COMMISSION | |
| APPROVED | JAN 1 1979 |
| BY |  |
| TITLE | SUPERVISOR DISTRICT 1 |

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.