

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS 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)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Gas
☐ Dry Gas
☐ Condensate
CASINGHEAD GAS MUST NOT BE PLACED AFTER 2/19/86 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.A. Akens Well No. 12 Pool Name, including formation Undesignated Hardy Drinkard Kind of Lease Fee
Location Unit Letter X : 660 Feet From The South Line and 330 Feet From The East
Line of Section 3 Township 21S Range 36E NMPN. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Arco Pipeline Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box XX, Denver City, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook, Odessa, TX 79602
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? No 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.

DeAnn Kemp
(Signature)
Associate Accountant
(Title)
1/22/86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 24 1986

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res. v. Drill.
		X		X				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12/3/85	1/16/86		7000		6945			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3553.0' GR	Drinkard		6570		6691			
Perforations					Depth Casing Shoe			
6740-6830, 6864-6880					6691			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
17-1/2		13-3/8		407		450 sks		
12-1/4		8-5/8		2700		1350 sks		
7-7/8		5-1/2		7000		1100 sks		

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed 100 bbls 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.)	
1-9-86		1-20-86		Flowing	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size
24 hrs.	475				24/64
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.		Gas-MCF
	25		26		623

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pt.)	Tubing Pressure (Shot-1D)	Casing Pressure (Shot-1D)	Choke Size

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JAN 23 1986
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