

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR		
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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 Co.

Address
P.O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.A. Akens	Well No. 14	Pool Name, including Formation Hardy Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>W</u> : <u>908</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>3</u> Township <u>21S</u> Range <u>36E</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"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit W	Sec. 3
	Twp. 21S	Rge. 36E
	Is gas actually connected? Yes	When 8/5/87

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.

Miriam L. Rose
(Signature)
Associate Accountant
(Title)
8/20/87
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 26 1987, 19____
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 multiply 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					
Date Spudded 3/24/87	Date Compl. Ready to Prod. 4/23/87	Total Depth 7000			P.B.T.D. 6800 CR				
Elevations (DF, RKB, RT, GR, etc.) 3553.1 GR	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6581			Tubing Depth 6555				
Perforations 6581-6778						Depth Casing Shoe 7000			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17½	13-3/8		416		425 - Surf				
11	8-5/8		2700		1100 - Surf				
7-7/8	5½		7000		1000 - TOC 2500 T.S.				
5½	2-7/8 tbg		6555						

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5/5/87	Date of Test 8/7/87	Producing Method (Flow, pump, gas lift, etc.) Flowing tbq & csq annuls	
Length of Test 24 hrs	Tubing Pressure 525#	Casing Pressure 525#	Choke Size 21/64"
Actual Prod. During Test	Oil - Bbls. 124	Water - Bbls. 84 BLW	Gas - MCF 624

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