

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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. 16	Pool Name, including Formation Hardy Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>V</u> : <u>928</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>21-S</u> Range <u>36-E</u> , NMPM, Lea 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	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 <u>R</u> Sec. <u>3</u> Twp. <u>21S</u> Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u> When <u>1-21-88</u>

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.

Maria T. Papp
(Signature)
Accounting Associate
(Title)
2-4-88
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 9 - 1988, 19
BY Orig. Signed by Paul Kautz
TITLE Geologist

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-8-87	Date Compl. Ready to Prod. 12-30-87		Total Depth 7000'		P.B.T.D. 6956'				
Elevations (DF, RKB, RT, GR, etc.) 3568.6' GR	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6590'		Tubing Depth 6464'				
Perforations 6590'-6913						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		1363'		1425'				
11"	8 5/8"		4900'		1750'				
7 7/8"	5 1/2"		7000'		1270'				

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 1-14-88	Date of Test 2-3-88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 240#	Casing Pressure	Choke Size 30/64"
Actual Prod. During Test	Oil - Bbls. 125	Water - Bbls. 188	Gas - MCF 253

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

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