

DISTRICT II  
P.O. Drawer DD, Aztec, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Sun Exploration & Production Co.		Well API No. 30-025-30577
Address P.O. Box 1861, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name  
and address of previous operator

\* Corrected Copy

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.A. Akens	Well No. 17	Pool Name, Including Formation Hardy-Tubb-Drinkard	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter T : 2260 Feet From The South Line and 800 Feet From The West Line				
Section 3 Township 21-S Range 36-E, 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"/>	Address (Give address to which approved copy of this form is to be sent)	
* Shell Pipeline Company	P.O. Box 2648, Houston, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips 66 Natural Gas Co.	4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit R	Sec. 3
	Twp. 21S	Rge. 36E
	Is gas actually connected? yes	
	When? 4-23-89	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-22-89	Date Compl. Ready to Prod. 4-14-89		Total Depth 7000'		P.B.T.D. 6912'			
Elevations (DF, RKB, RT, GR, etc.) 3564.0' GR	Name of Producing Formation Tubb-Drinkard		Top Oil/Gas Pay 6585'		Tubing Depth 2 7/8" @ 6459'			
Perforations 6565-6806', 1 JSPF, 85 holes					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		420'		425 sxs			
11"	8 5/8"		4050'		1350 sxs			
7 7/8"	5 1/2"		7000'		800 sxs			

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 Tank 4-23-89	Date of Test 5-2-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 140#	Casing Pressure	Choke Size 1 1/2"
Actual Prod. During Test	Oil - Bbls. 249	Water - Bbls. 200	Gas - MCF 446

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. OPERATOR 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 above  
is true and complete to the best of my knowledge and belief.

Maria L. Perez by Jan Stevenson  
Signature Maria L. Perez Accountant  
Printed Name Title  
5/30/89 915/688-0375  
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 31 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED  
MAY 30 1989  
OCD  
HOBBS OFFICE