1.	00. OF CUFILE NECLIVED       DISTRIBUTION       SANEA FE       FILE       ILE       ILS.G.S.       LAND OFFICE       OIL       GAS       OPERATOR       PROBATION OFFICE	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL C	Dim C-104 Superardys (IId C-103 and C-1 Utlective 1-1-65 GAS		
A.	Operator Dovle Hartm	an	· · · · · · · · · · · · · · · · · · ·			
	Doyle Hartman					
	Post Office Reason(s) for filing (Check proper box, New Well Recompileiion Change in Ownership[X]		Other (Please explain)			
	If change of ownership give name and address of previous owner	Sun Exploration & Product	tion Co. P. O. Box 1861	Midland, TX 79702		
<b>a.</b>	DESCRIPTION OF WELL AND	LEASE		· · ·		
	Lease Name Emery King NW	Well No. Pool Name, Including F 5 Langlie Mattix	oraybarb	Least inte		
	Location Unit Letter E;16	50 Fool From The North Lin	e and 660 Feet From 1	<sub>The</sub> West		
		mship 23S Range	36Е , ммрм, Lea			
		TER OF OIL AND NATURAL GA	ì			
	Name of Authorized Transporter of Oli		Address (Give address to which approv	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	Inghead Gas of Dry Gas	Address (Give address to which approv	red copy of this form is to be sent)		
	If well produces oil or liquida, give location of tanks.	Unit Sec. Twp. P.ge.	is gas actually connected? Whe	n		
		h that from any other lease or pool,				
• •	Designate Type of Completio	n - (X) Oil Well Gas Well	Now Well Workover Deepen	Plug Back   Same Hos'v.   Diif, Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Dopth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.j	Name of Producing Formation	Top O!1/Gas Pay	Tubing Depth		
	Perforations	<u>l                                     </u>	<u> </u>	Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD	l		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				· · · · · · · · · · · · · · · · · · ·		
	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 allow- able for this depth or be for full 24 hours)					
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	I, CIC.J		
	Length of Test	Tubing Pressure	Casing Presewe	Choke Size		
	Actual Prod. During Teet	Oll-Bble.	Water-Bbis.	Gas+MCF		
I		· · · · · · · · · · · · · · · · · · ·		<u></u>		
ſ	GAS WELL Actual Fred. Teol-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condeneate		
	Testing histhod (pitot, back pr.)	Tubing Pressure ( Shut-14 )	Casing Pressure (Shut-in)	Choke Size		
ا ٦.	CERTIFICATE OF COMPLIANC	E	OIL CONSERVA	TION COMMISSION		
	t have a cartify that the sules and r	evilations of the Oil Conservation	APPROVED MAR 2 1 1986			
I hereby certify that the rules and regulations of the Oil Connervation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BYBYBY_IEREY SEXTON			
			TITLEDISTRICT I SUPERVISOR			
	Michele, Hemainee for Larry Acomy (Signature) Engineer (Title)		This form is to be filed in c			
-			If this is a request for allowable for a newly dills is or depended well, this form must be accompended 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 allow- able on new and incompleted wells.			
•						
•	March 19, 1986	•/	FIII out only Sections 1, D.	III, but VI for ching on of over- it, or other such things of condition.		
		· ·				

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	DISTRIBUTION JANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR	REQUES	CONSERVATION COME ION T FOR ALLOWABLE AND RANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-12 Effective 1-1-65 L GAS	
I.	PRORATION OFFICE				
	Sun Exploration & Production Co.				
	Address P. O. Box 1861, Midland, Texas 79702				
	Reason(s) for filing (Check proper b)		Other (Please explain)		
	New Well	Change in Transporter of:	Name Chang	qe Only	
	Change in Ownership		ensate From: Sun	0il Company	
	If change of ownership give name				
	and address of previous owner				
11.	DESCRIPTION OF WELL ANI	D LEASE Well No.; Pool Name, Including	Formation Kind of Le		
	Emery King N.W.			eral or Fee Fee NMJ 549	
	Location Unit Letter E		• • • • • • • • • • • • • • • • • • • •		
	Unit Letter;;	660 Feet From The WEST	ine and <u>1650</u> Feet Fro	om The <u>North</u>	
	Line of Section ] T	ownship 23-S Range	36-Е , ммрм, ј	Lea County	
Ш.		RTER OF OIL AND NATURAL G			
	Name of Authorized Transporter of O	ul or Condensate	Address (Give address to which app	proved copy of this form is to be sent)	
	Name of Authorized Transporter of C	asinghead Gas 📄 or Dry Gas 🗍	Address (Give address to which app	proved copy of this form is to be sent)	
		Unit Sec. Twp. P.ge.			
	If well produces oil or liquids, give location of tanks.	i i i i	Is gas actually connected?	When	
	If this production is commingled w	with that from any other lease or pool,	, give commingling order number:		
IV.	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Complet				
	Date Spudded .	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
ł	, HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
ļ				SACKS CEMENT	
ŀ					
ľ					
	TEST DATA AND REQUEST F		ifter recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow-	
ſ	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)		
$\left  \right $	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	-	• • • • • • • •		CITORE SIZE	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF	
- I					
Ē	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Phile Conductors		
		Length of reat	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
L /1. (	CERTIFICATE OF COMPLIAN	CF			
	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. DuAm Ann (Signature)		IAN 9:	ATION COMMISSION 10	
c			11		
•			BY       Orig. Sign of tax         Ierry Social         TITLE         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.		
-					
-	Acct. Asst. II	:le)	All sections of this form m	ust be filled out completely for allow-	
-		:le)	All sections of this form m able on new and recompleted w	ust be filled out completely for allow-	

Address P.O.	ORTER OIL GAS OR TION OFFICE	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL G	Effective 1-1-65			
I. PRORAT Operator SUN 02 Address P.0. E Reason(s)	ION OFFICE						
SUN 0 Address P.O. E Reason(s)	IL COMPANY						
Address P.O. E Reason(s)							
Reason(s)	Rox 1861 Midla	Address					
I New Well	for filing (Check proper	box)	Other (Please explain)				
Recomplet		Change in Transporter of: Cil Dry G	as				
L	Ownership A		ensate				
	of ownership give names a of previous owner	SUN TEXAS COMPANY, P.O.	Box 4067, Midland, TX 7	9704			
II. DESCRIP	TION OF WELL AN	D LEASE	Formation Kind of Lease				
Emery	King N.W.	5 Langlie-Mattix	x 7 Rvrs.Q.Gryb. State, Federai	or Fee Fee NMJ 549			
Unit Le	tterE;_6	50Feet From The WestLi	ne and <u>1650</u> Feet From T	North			
Line of	Section ]	Township 23-S Ranae	36-Е , ммрм,	Lea County			
II. DESIGNA	TION OF TRANSPO uthorized Transporter of	ORTER OF OIL AND NATURAL G	AS TA <sup>1</sup> d Address (Give address to which approv	ed copy of this form is to be sent;			
Name of A	uthorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)			
	If well produces oil or liquids, Unit Sec. Twp. Pige. Is gas actually connected? When give location of tanks.						
If this prod	f this production is commingled with that from any other lease or pool, give commingling order number:						
Desig	nate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty			
Date Spudd	ed	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.			
Elevations	(DF, RKB, RT, CR, etc.	, Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
Perforation	S	<u>_</u> L		Depth Casing Shce			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V. TEST DA	TA AND REQUEST	FOR ALLOWARI S /Test must be a		· · · · · · · · · · · · · · · · · · ·			
OIL WELL	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Date First New Cil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
Length of T	951	Tubing Pressure	Casing Pressure	Choke Size			
Actual Pro:	i. During Test	011 • 3bls.	Water - Bbis.	Gaa-MCF			
GAS WEL	L i. Test-MCF/D	Length of Test					
	Thod (pitot, back pr.)		Bbls. Condensate/MMCF	Gravity of Condensate			
		Tubing Pressure (Bhut-in)	Casing Pressure (Shut-in)	Choke Size			
	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.		OIL CONSERVAT	TION COMMISSION			
Commission			BYOrig. Signed I	5g			
$\bigcirc$			TITLE De L	<u> </u>			
Brug			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
<u> </u>	(Signature) Production/Proration Supervisor			ed by a tabulation of the deviation			
July_1	(1	Super (1501	All sections of this form must be filled out completely for allow- able on new and recompleted wells.				
<u>uuy_1</u>	(Date)		Fill out only Sections I, II, well name or number, or transporter	III, and VI for changes of owner, , or other such change of condition.			

	/	AND	Effective 1-1-65
FILE U.S.G.S.	AUT TRIZATION TO TR	AND ANSPORT OIL AND TUR	AL GAS
LAND OFFICE			•
IRANSPORTER GAS		ر فالد مرجع المرجع المرجع مرجع المرجع ا	
OPERATOR PRORATION OFFICE			
Operator Operator	OUTANT		
SUN TEXAS	COMPANI		
P.O. Box Reason(s) for Isling (Check proper	4067 Midland, Texas	79704 Other (Please explain,	i in hus that the start for the start to be the start of
New Woll	Change in Transporter ol:		
Recompletion Change in Ownership X	Oil Dry G Casinghead Gas Conde	ensate	
If change of ownership give nam	TEXAS PACIFIC OIL COM	PANY. INC. P. O. Box	4067 Midland, TX, 7970
and address of previous owner_			
I. DESCRIPTION OF WELL AN Lease Name	Well No. Pool Name, Including,	10 01	
EMERY KING N.W.	5 LANGINE MATTIK	- TKVZS QU State, F	ederal a Fee MMJ 54
Unit Letter;	600 Feel From The UST LI	ne and 1650 Feet 7	From The AORTH
Line of Section	Township 23-5 Range	36-E , NMPM.	LCA County
	DETER OF OUL AND NATURAL C	AS TA'	
Nome of Authorized Transporter of	OIL OF OIL AND NATURAL G	Address (Give address to which a	approved copy of this form is to be sent)
None of Authorized Transporter of	Cosinghead Gas or Dry Gas	Address (Give address to which a	approved copy of this form is to be sent)
	Unit Sec. Twp. P.ge.	Is gas actually connected?	When
If well produces of lor liquids, give location of tanks.			l
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number	
Designate Type of Comple	oil Well Gas Well	New Well Workover Deepe	n <sup>1</sup> Plug Back <sup>1</sup> Same Res'v. <sup>1</sup> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	j Name of Producing Formation	Top O!l/Gas P <b>ay</b>	Tubing Depth
·			Depth Casing Shoe
Perforations			
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
		·	
	FOR ALLOWABLE (Test must be a	fer recovery of total volume of load	f oil and must be equal to or exceed top allow
OIL WELL	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, s	
Date First New Oil Run To Tanks	_		Cheke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Conderscie/MMCF	Gravity of Condensate
		Cosing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressue (Shat-in)		
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 beat of my knowledge and belief.		APPROVED	Signed by
		BY	
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened
	interest	well, this form must be accompanied by a tabulation of the construc- tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
Regional Operat	Tions Superintendent/West		
SEP 1 2 1980		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.	
	(Date)	Separate Forma C-104	must be filed for each pool in multiply