٩.	40. OF COFILE RECEIVED DISTRIBUTION SANTA FE LAND OFFICE ILAND OFFICE INANSPORTER OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator Doyle Hartm	REQUEST	ONSERVATION COME ON FOR ALLOWABLE AND INSPORT OIL AND NATURAL GA	Poim C-104 Superardes Old C-104 and C-110 Effective 1-1-65 AS
	Address Post Office Reason(s) for filing (Check proper box New Well Recompilation Change in Ownership[X]	Box 10426 Midland, Te	other (Please explain)	Midland, TX 79702
I.	DFSCNPTION OF WELL AND Lease Name Emery King NW Location Unit LetterE 19		ormation Kind of Lease State, Federal	FeeJ
1.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Name of Authorized Transporter of Ca El Paso Natural Gas	TER OF OIL AND NATURAL GA	S Address (Give address to which approve Address (Give address to which approve	ed copy of this form is to be sent) , Texas 79978
	If well produces oil or liquida, give location of lanks. If this production is commingled wi COMPLETION DATA Designate Type of Completin Date Spudded Elovations (DF, RKB, RT, GR, etc.)	th that from any other lease or pool,		Plug Back Same Hes'v. Diff. Res'v.
	Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	Depth Casing Shoe SACKS CEMENT
<i>:.</i>	TEST DATA AND REQUEST F OIL WFI L Dute First New Cil Run To Tanks Length of Test Actual Pred. During Test	OR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure Oil-Bble.	fier recovery of total volume of load oil an pth or be for full 24 hours) Producing Mothod (Flow, pump, gas lift, Casing Pressure Water-Bble.	
	GAS WELL Actual Fred, Test-MCF/D Testing Mothed (pitol, back pr.)	Length of Test Tubing Pressue (Shui-iu)	Bbis. Condensate/AMCF Casing Pressure (Shut-in)	Gravity of Condenacte Choke Size
1.	Commission have been complete above to true and complete to th Larry A. M (Sign Engineer	CE regulations of the Oil Conservation with and that the information given a beat of my knowledge and belief.	OIL CONSERVATION COMMISSION JAN 2 8 1986 APPROVED	

Change in Ownership Orange in Ownership Cannabed Link Contained and Constant From: Sun Oil Company If change of ownership give name and dedires of previous owner In Contained Formation From: Sun Oil Company If change of ownership give name and dedires of previous owner From: Sun Oil Company If change in Contained Formation In DESCRIPTION OF WELL AND LEASE From: Sun Oil Company From: Sun Oil Company Location Interest formation From: Sun Oil Company Unit letter E 1980 From: The North Line and Go0 From: The West Location Interest formation Township 23-S Anne 36-E NUMM. Name None Andress (Gue address formation of Containages Gue) of Contactasta Andress (Gue address to which approved copy of this form is to be and None None None Statistic Transporter of Containages Gue) of Contactasta Is an extra diverse address to which approved copy of this form is to be and None None None Interest formation of torks. Is an of actual diverse of output Yes If this preduction is commingled with that from any other lease or pool, give commingling order number Play the deciration of torks. Play the deciratin the fore formation Designate				
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Unit Letter E 1980 Feet From The North Line and 660 Feet From The West Line of Section 1 Towmanic 23-St Rance 36-E NMPM, LNa III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address /Give address to which approved copy of this form is to be so None Address /Give address to which approved copy of this form is to be so None None Address /Give address to which approved copy of this form is to be so None None Yes Address /Give address to which approved copy of this form is to be so None Vest Jal, NM 88252 When If well produces oil of mats. Unit is commingled with that from any other lease or pool, give commanding order number: Plug Back Same Res ^{NC} . Difference IV. COMPLETION DATA Old Well Gas Well Now Well Workever Deepen Plug Back Same Res ^{NC} . Difference Date Spudded Date Complit Ready to Producing Formation Top Cil/Gas Pay Tubing Depin Perforations Depth Casing Shoe Difference SacKs CEMENT Difference V. TEST DATA AND REQUEST FOR ALLOWABLE Test must be after recovery of total values of load oil and must be equ				
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GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size				
VI. CERTIFICATE OF COMPLIANCE : OIL CONSERVATION COMMISSION				
I hereby certify that the rules and regulations of the Oil Conservation APPROVED				
Commission have been complied with and that the information given				
Dist 1 Super				
This form is to be filed in compliance with RULE 1104.				
If this is a request for allowable for a newly drilled or d				

well name or number, or transporter, or other such change of condition. Senerete Forme C-104 must be filed for each cool in multiply

DISTRIBUTION		FOR ALLOWABLE	Form C-104 Superseaes Old C-104 and C-1. Effective 1-1-55		
J.S.G.S.	- AUTHORIZATION TO TRA	AND INSPORT CIL AND NATURAL GA			
IRANSPORTER GAS	-				
OPERATOR PROBATION OFFICE	-	v			
SUN OIL COMPANY					
P.O. Box 1861, Midlan					
Reason(s) for filing (Check proper box New Woll	Change in Transporter of:	Other (Please explain)			
Recompletion Change in Ownership X	Cil Dry Ga Casinghead Gas Conder				
If change of ownership give name and address of previous owner	SUN TEXAS COMPANY, P.O.	Box 4067, Midland, TX 79	9704		
I. DESCRIPTION OF WELL AND	LEASE				
Emery King NW	Lease Name Weil No. Pool Name, Including Formation Kind of Lease Emery King NW 1 Jalmat Tansell Yt 7 Rvrs Gas State, Federal of Fee				
Unit Letter;;	30 Feet From The North Lin	e and Feet From The	West		
Line of Section 7 To	wnship 23-S Range	36-Е , _{ммрм} ,	Lea County		
Name of Authorizea Transporter of OL None	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OII or Condensate Address (Give address to which approved copy of this form is to be sent) None None				
Name of Authorized Transporter of Ca El Paso Natural Gas	isinghead Gas or Dry Gas ¥	Address (Give address to which approved Jal, NM 88252	copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected? When Yes			
If this production is commingled wi V. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:			
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.3.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
Perforations		· · · · · · · · · · · · · · · · · · ·	Cepth Casing Shoe		
HOLE SIZE	TUZING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT		
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	Tubing Pressure		Choke Size		
Length of Test			Gas-MCF		
Actual Prod. During Test	011-Bbis.				
GAS WELL					
Actual Prog. Test-MCF/D	Length of Teat	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
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		APPROVED, 19			
above is true and complete to the best of my knowledge and belief.		BY Jerry Serten TITLE Des L Supe.			
Brugen		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.			
(Signature) Production/Proration Supervisor					
(Title) July 1, 1981		All sections of this form must able on new and recompleted wells	be filled out completely for allow- a.		
JULY 1, 1901		Fill out only Sections I. II. I well name or number, or transporter,			