I ILE I ILE U.S.G.S. LAND OFFICE I RANSPORTER OFCRATOR PROBATION OFFICE Upersion	REQUEST	AND	Rum C-404 Supersodes Old C-105 and C-116 Utfoctive 1-1-65 GAS
Address Post Office Reason(s) for filing (Check proper box, New Well Recompletion Change in Ownership X	Box 10426 Midland, Te Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	S Ciber (Please explain)	Midland, TX 79702
DESCRIPTION OF WELL AND T Lease Name Emery King SE Location Unit Letter I 2310	LEASE Well No. Pool Name, Including Fo 2 Langlie Mattix DFeet From TheSouthLin	ormation Kind of Leas -7 Rivers State, Federa	e Leane No.
Name of Authorized Transporter of Oli	or Condensate	S TA'd Address (Give address to which appro Address (Give address to which appro	
f this production is commingled wit COMPLETION DATA	h that from any other lease or pool, Oil Well Gas Well	Is gas actually connected? Wh give commingling order number:	en Plug Back [†] Same Hes'v. [†] Diff, Res'v.
Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Date Compl. Ready to Prod.	Total Depth Top O!1/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
HOLE SIZE	TUEING, CASHIG, AND CASING & TUEING SIZE	D CEMENTING RECORD	SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to cr exceed top at able for this depth or be for full 24 hours) OIL WFIL able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test			
Length of Teel Actual Prod. During Teel	Tubing Pressure Oli-Bbie.	Casing Prezewa Water-Bbis.	Choke Size Gae-MCF
GAS WELL Actual Fred. Tool-MCF/D	Length of Test	Bbla. Condenacte/MMCF	Gravity of Condenacte
Testing kisthed (pitot, back pr.)	Tubing Processo (Shui-iu)	Cosing Pressure (Shut-in)	Chate Size
I hereby cortify that the rules and r	egulations of the Oil Connervation	APPROVED JAN 2.8	ATION COMMISSION 1986
Engineer (Title)		This form is to be filed in If this is a request for allow well, this form must be accompton tests taken on the wall in acco- All sections of this form mu- chic ou new and accompleted y/	compliance with RULE 1104. webbe for a newly dill. Let decreared enled by a tubulation of the deviation rulence with RULE 111. Just be filled out completely for allow- olls.
	U.S.G.S. LAND OFFICE INANSPORTER OFUTATOR PROMATION OFFICE Uperator Doyle Hartma Address Post Office Reason(s) for filing (Check proper box, New Well Becompletion Change of ownership give name ind address of previous owner DESCRIPTION OF WELL AND I Lease Name Emery King SE Location Unit Letter	Intel Intel Intel Intel Intel OPERATOR OPERATOR OPERATOR AND OFFICE OPERATOR OPERATOR AUTHORIZATION TO TR/ Intel AND OFFICE OPERATOR OPERATOR AUTHORIZATION TO TR/ Prioritation OFFICE OPERATOR OPERATOR AUTHORIZATION TO TR/ Prioritation OFFICE OPERATOR OPERATOR OPERATOR Prioritation	It is a construction of the second

January 22, 1900 (Ume) Fill out only Sections I, U, III, and VI for china as of dome well name or number, or transporter, or other such change of condition

	DISTRIBUTION JANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS	REQUEST	CONSERVATION COM. SION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS
1.	OPERATOR PRORATION OFFICE Operator	-		
	Sun Exploration &	Production Co.		
	P. O. Box 1861, Mi			
	Reason(s) for filing (Check proper box New Well	Change in Transporter of;	Other (Please explain)	
	Recompletion Change in Ownership	Oil Dry G Casinghead Gas Conde	From: Sun (e Only Dil Company
11.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name Well No. Pool Name, Including Formation Kind of Lease Emery King SN JE 2 Langlie Mattix 7 Rvrs.Q.Gryb. State, Federal or Fee Fee			
	Location			
	Unit Letter 1 231	.0Feet From TheSouth:	ne and <u>660</u> Feet From	The East
	Line of Section 1 To	wnship 23-S Range	36-Е, ммрм, Lea	County
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		
			Address (Give address to which appr	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? W	hen
IV.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
				rabing Depth
	Perforations			Depth Casing Shoe
			D CEMENTING RECORD	
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
ľ			d	
	TEST DATA AND REQUEST F(OIL WELL		fter recovery of total volume of load oil opth or be for full 24 hours)	l and must be equal to or exceed top allow-
Ī	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
ŀ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
-	Actual Prod. During Test	Oll-Bbis.	Water - Bbis.	Gas-MCF
I.	<u></u>	<u> </u>	<u> </u>	
Г	GAS WELL Actual Prod. 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
VI. (Acct. Asst II (Signature) Acct. Asst II			
(
4				
			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.	
(Tida)			All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
-	(Dat	:e)	well name or number, or transpor	I. III, and VI for changes of owner, ter, or other such change of condition.
		1	Senereta Forma C-104 mile	t he filed for each pool in multiply

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	DISTRIBUTION		CONSERVATION COME ION			
	ANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C+1.		
	J.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL (Effective 1-1-65		
	LAND OFFICE					
	TRANSPORTER GAS					
1.	OPERATOR PRORATION OFFICE					
	SUN OIL COMPANY					
		P.O. Box 1861, Midland, TX 79702				
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)			
	Recompletion	Cili Dry Gr				
	Change in Ownership 🔼	Casinghead Gas Conder	nsate			
	If change of ownership give name and address of previous ownerS	UN TEXAS COMPANY, P.O.	Box 4067, Midland, TX 7	9704		
П.	DESCRIPTION OF WELL AND L	EASE Well No.; Pool Name, Including F	ormation Kind of Lease	Lease No.		
	Emery King SE.	2 Langlie-Mattix	x 7 Rvrs.Q.Gryb. State, Federa	i cr Fee Fee		
		10_Feet From TheLin	e and Feet From 7	East		
	Line of Section Town	nship 23-S Range	36-Е , ммрм,	Lea County		
III.	DESIGNATION OF TRANSPORT		S TA'd Address (Give address to which approx	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Casi	nghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent;		
	 	Unit Sec. Twp. Ege.	Is gas actually connected?	30		
	If well produces oil or liquids, give location of tanks.			····		
IV.	If this production is commingled with COMPLETION DATA	f this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Completion	n - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			l 			
v .	TEST DATA AND REQUEST FO OIL WELL		fter recovery of total volume of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow-		
		Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Cil-Bbis.	Water-Bbis.	Gaa - MCF		
	GAS WELL					
		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Ghut-in)	Casing Pressure (Shut-in)	Cheke Size		
ا vı.	CERTIFICATE OF COMPLIANC	E	OIL CONSERVA	TION 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			
			BY Ordg. Signer Jerry SexNet			
			Jerry Selver TITLE Diet 1, Sup	1 <u>7</u>		
			This form is to be filed in compliance with RULE 1104.			
4	Stu Recen		well, this form must be accompan	able for a newly drilled or deepened med by a tabulation of the deviation		
-	Production/Proration Supervisor		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. Fill out only Sections I, II, III, and VI for changes of owner,			
	(Tiule) July 1, 1981					
	(Date	1	well name or number, or transporter, or other such change of condition. Security Forms C-104 must be filed for each post in multiply			
			-			

	SANTA FE	REQUEST	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Elfective 1-1-55		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND MATURAL	_ GA S		
	TRANSPORTER OIL					
	GAS OPERATOR PRORATION OFFICE		······			
1.	Operator					
	SUN TEXAS CC	<u>IMPANY</u>				
	P.O. Box 40 Reason(s) for filing (Check proper box,	067 Midland, Texas	79704 Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion Change in Ownership X	Oil Dry Ga Casinghead Gas Conder	FT 1			
	If change of ownership give name and address of previous owner	TEXAS PACIFIC OIL COMP.	ANY, INC. P. O. Box 40	067 Midland, TX, 79704		
11.	DESCRIPTION OF WELL AND	LEASE Well No.; Pool Name, Including F	ormation Kind of Let	ase Lease No.		
	Lease Name		ATTIN TRUES State, Fode			
	Location		, , , , , , , , , , , , , , , , , , ,	<u> </u>		
	Unit Letter T == 2211	Feel From The	e and <u>1.1.0</u> Feet From	m The		
	Line of Section Tow	waship	SE-E, NMPM,	LEA, County		
TT	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S TAD			
•••	Nome of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? V	When		
		h that from any other lease or pool,	give commingling order number:	·•		
v.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	1 1		P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth .	P.B.1.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			· · · · · · · · · · · · · · · · · · ·			
.	THE DATA AND PROUSST FO	RALLOWABLE (Test must be a)	ler recovery of total volume of load or	ll and must be equal to or exceed top allow-		
	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 allowable for this depth or be for full 24 hows) DIL WELL Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks	Date of Test				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gca-MCF		
ł			l			
[GAS WELL Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
[CERTIFICATE OF COMPLIANC			ATION 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. (Signature) Regional Operations Superintendent/West (Title) SEP 1 2 1980 (Date)		APPROVED			
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