٩.	50. OF CEPTER MERLINE DISTINIDUTION SAHTA FE FILE U.S.G.S. LAND OFFICE IHANSPORTER OIL FRORATION OFFICE Cretulor	- REQUEST	CONSERVATION COME ON FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (-	Rum C - 104 Supersoides Old C-104 and C-110 Ettochive 1-1-65 GAS
	Doyle Hartm Address Post Office Reason(s) for filing (Chrck proper box New Well Recompletion Change in Ownership[X]	Box 10426 Midland, Te	Other (Please explain)	
I.	DESCRIPTION OF WELL AND Lease Name Emery King SE Location Unit LetterJ;16	Well No. Pool Name, Including F 3 Langlie Mattix		Fee Fee
1.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Name of Authorized Transporter of Cas		Address (Give address to which approx Address (Give address to which approx	
	If well produces off or liquids, give location of tanks. If this production is commingled with COMPLICTION DATA Designate Type of Completic Date Spudded	Unit Sec. Twp. Rge.	Is gas actually connected? Whe give commingling order number: Now Well Workover Deepen	Plug Back Same Hes'v. Diif. Res'v.
	Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	TEST DATA AND REQUEST FO OIL WELL Dute First New OIL Bun To Tanks		(ter recovery of total volume of load oil a pth or be fer full 24 hours) Preducing Methed (Flow, pump, gas lif	ind must be equal to or exceed top allow-
	Lengin of Teal	Tubing Pressure	Casing Pressure	Choke Size
Ì	Actual Prod. During Toot	Oil-Bble.	Water-Bbis.	Ga••MCF
ſ	GAS VELL Actual Fred. Tool-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condenacte
	Teating klothed (pitot, back pr.)	Tubing Processo (Shui-iu)	Casing Pressure (Shut-12)	Choke Size
1	CERTIFICATE OF COMPLIANC I hereby cortlify that the rules and rule Commission have been complied we above is true and complete to the	egulations of the Oil Conservation and that the information given	APPROVED JAN 2.8 1 DY Eddie W. Sam TITLE OII & Gas Inc.	TION COMMISSION 985
-	Farry G. (Signa Engineer (Tite January 22, 1986 (Dur	(we) e)	well, this form must be accompany tests taken on the well in accord All rections of this form must which out only forthous to the Fill out only forthous to the	while for a newly dilled or deepened ded by a tabulation of the deviation iance with AUCE 111. It be filled out completely for Allow-



ENERGY AND MINERALS DEP	RIMENT			Form C-104 Revised 10-01-78	
DISTRIBUTION				Format 06-01-83	
LANTA FE		VATION DIVISIO) N	Page 1	
FILE	P. O.	BOX 2083			
U.S.G.8.	SANTA FE, N	EW MEXICO 87501			
LAND OFFICE					
TRANSPORTER GAS	REQUEST	FOR ALLOWABLE			
OPERATOR		AND			
PROBATION OFFICE	- AUTHORIZATION TO TRA	• • • • •	PAL GAS		
Ι.					
Operator					
SUN EXPL	RATION & PRODUCTION CO.				
Adaress					
P. O. BO	1861, MIDLAND, TEXAS 797	02			
Reason(s) for filing (Check p	per box j	Other (Pleas	e explaint		
New Well	Change in Transporter of:		nove oil for	TIL	
	KX ou			17+4	
Recompletion		well.			
Change in Ownership	Casinghead Gas	Condensate			
f change of ownership give and address of previous ow	er				
II. DESCRIPTION OF W	IL AIND LEADE I Well No. Pool Name, Includin	a Formation	Kind of Lease	Lease	No
		ix 7 Rvrs Q Grb	State, Federal or Fee	Fee	
Emery King SE	J Lally Te Matt		State, rederal or ree		_
Location Unit LetterJ	1650 Feet From The East	Line and 2310	Feet From TheSOU	ith	
Line of Section	Township 23S Range	36E , NMPN	. Lea	Co	unty
		·			
III. DESIGNATION OF '	RANSPORTER OF OIL AND NATUR	RAL GAS		- <u></u>	
Name of Authorized Transpor	er of Cil 🕅 or Condensate 🗍	Azaross (Give address	to which approved copy of	this form is to be sent)	
Sun Refining & M	arketing Co.	P. O. Box 3187	, Longview, Texa	as 75606	
Name of Authorized Transpor	er of Casinghead Gas or Dry Gas	Address (Give address	to which approved copy of	this form is to be sent)	
If well produces oil or liquid: give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connec	ted? , When	· · · · · · · ·	

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.

(Signature) Sr. Accting Asst

- - -

7/26/85

(Date)

(Title)

OIL CONSERVATION DIVISION							
APPROVE	<u>۔</u>			_, 19			
BY0	u <u>enera a com</u>		CALL SEXTION				
TITLE	4.49 (1194) R 4 5		1994 - Ale State (1997)				

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepenwell, this form must be accompanied by a tabulation of the deviatitests 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 owne well name or number, or transporter, or other such change of conditio

Separate Forms C-104 must be filed for each pool in multip. completed wells.

IV. COMPLETION DATA

Designate Type of Completio	on = (X)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Bacz	Same Restv.	Diff. Rest
Date Spudded	Date Comp	i. Recay to Pi	rod.	Total Depti	h	l 	P.B.T.D.	l +	·
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Form	ation	Top Cil/Go	is Pay		Tubing Dep		
Perforations	1						Depth Casir	a Shoe	
		TUBING, C	ASING. AN	DCEMENT	NG PECON				
HOLE SIZE	CASI	NG & TUBIN	IG SIZE	1	DEPTH SE	_	SA	CKS CEMEN	IT.
	!			<u> </u>					

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 allo OIL WELL able for this depth or be for full 24 hours)

Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choze Size	
Actual Pros. During Test	О11- Вы.	Water - Bbis.	Gas+MCF	
·	·			

GAS WELL

Bbls. Condensate/MMCF	Gravity of Condensate
Casing Pressure (Shut-in)	Choze Size
•	

AUG - 8 1985

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	DISTRIBUTION		ONSERVATION COM JON	Form C-104 Supersedes Old C-104 and C-11			
	LAND OFFICE	AUTHORIZATION TO TRA	AND INSPORT OIL AND NATURAL (Effective 1-1-65			
	IRANSPORTER OIL GAS						
	OPERATOR	4					
1.	Operator Sun Exploration &	Production Co.					
	Address P. O. Box 1861, Mi						
	Reason(s) for filing (Check proper box)	Other (Please explain)				
	New Well	Change in Transporter of: Oil Dry Ga	Name Change				
	Change in Ownership	Casinghead Gas Conden	From: Sun U	il Company			
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND	LEASE Well No.; Pool Name, Including Fo	ormation Kind of Lease	l constant			
	Emery King SE	1	x 7 Rvrs.Q.Gryb. State, Federa	20000 1101			
	Location Unit Letter J 10	650 Feet From The East Lin	e and2310 Feet From 7	The South			
	Line of Section 1 Tov	wnship 23-S Range 30	<u>6-Е , ммрм, Lea</u>	County			
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Ta'd Address (Give address to which approv	ved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas		Address (Give address to which approv	ad some of this form in to be send			
	Name of Authorized Transporter of Cas						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When the second sec	en i i			
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,					
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	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	<u> </u>	<u></u>	Depth Casing Shoe			
			CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			· · · · · · · · · · · · · · · · · · ·				
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)		i] and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	(t, etc.)			
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test						
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF			
	GAS WELL Actual Prod. Teet-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 r Commission have been complied w	with and that the information given	APPROVED, 19				
	above is true and complete to the	best of my knowledge and belief.	BYSerry Sest	од			
	\frown \land \land \land		TITLE				
	Detton Komb		If this is a request for allow	compliance with RULE 1104. while for a newly drilled or deepened			
	Acct. Asst. II	ature)	well, this form must be accompa tests taken on the well in accor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	(Tit	:le)	able on new and recompleted we				
	(Da	ite)	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.				

well name or number, or transporter, or other such change of condition.

DISTRIBUTION BANTA FE		CONSERVATION COMM. IN T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11			
J.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TR	AND RANSPORT OIL AND NATURAL	Effective 1-1-55			
1. PROBATION OFFICE Coperator SUN OIL COMPANY						
Address P.O. Box 1861, Mi Reason(s) for tiling (Check pr New We!1 Recompletion Change in OwnershipX	Change in Transporter of: Oil Dry (Other (Please explain) Gas lensate				
If change of ownership give and address of previous own	name erSUN_TEXAS_COMPANY, P.O.	Box 4067, Midland, TX	79704			
II. DESCRIPTION OF WELL Lease Name Emery King SE.	Well No., Pool Name, Including	Formation X 7 RVrs.Q.Gryb. State, Fede	rai or Fee Fee Lease No.			
Unit Letter J;	1650 Feet From The East L	Ine and 2310 Feet From	The South			
Line of Section	Township 23-S Range	36-Е , ммрм,	Lea County			
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATURAL G	AS TA'd Address (Give address to which appr	oved copy of this form is to be sent)			
Nome of Authorized Transports	= = =	Address iGive 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. Ege.	Is gas actually connected?	hen			
IV. COMPLETION DATA						
Designate Type of Cor Date Spudded	Date Compl. Beady to Prod.		Plug Back Same Res'v. Diff. Res'v.			
Elevations (DF, RKB, RT, CR,	• • • • • • • •	Total Depth Top Cli/Gas Pay	P.B.T.D. Tubing Depth			
Perforations			Depth Casing Shoe			
	TUBING, CASING, AN	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be a		and must be equal to or exceed top allow-			
Date First New Cil Run To Tar	ks Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	ift, etc.j			
Length of Test	Tubing Pressure	Casing Pressure	Chore Size			
Actual Prod. During Test	Cil-Bbls.	Water - Bble.	Gas-WCF			
GAS WELL						
Actual Prod. Test-MCF/D Testing Method (putot, back pr.)	Longth of Test Tubing Pressure (Shnt-in)	Bbls. Condensate/MMCF	Gravity of Condensate			
		Casing Pressure (Shut-in)	Chake Size			
I hereby certify that the rules Commission have been comp	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.		ATION COMMISSION			
Euchian		This form is to be filed in a	compliance with RULE 1104.			
Production/Prorati	(Signature) on Supervisor	well, this form must be accompa tests taken on the well in accor				
July 1, 1981	(Title) (Date)	able on new and recompleted we Fill out only Sections I. II	at be filled out completely for allow- ells. 			

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. Senarche Forme C-104 must be filed for each peol in multiply ---