	- 0 40 ·						
1.	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  FRANSPORTER GAS  OPERATOR  PRORATION OFFICE  Uperator  Doyle Hartm  Address  Post Office  Reason(s) for filing (Check proper box	AUTHORIZATION TO TR	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL  Cexas 79702 Tother (Please explain)	Phim C-104 Supervedes Old C-103 and C-3 Uffective 1-1-65 GAS			
	New Well  Recompletion  Change in Ownership X	Change in Transporter of: Off Dry C					
	If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND  Lease Name  Emery King SE	LEASE Well No.   Pool Name, Including	, e				
13.	Omit Letter	90 Feet From The South L	36E , NMPM, L	The East ea County			
	Name of Authorized Transporter of Other Name of Authorized Transporter of Case	or Condensate	Address (Give address to which appro				
	If well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order numbers  COMPLETION DATA  Oil Well   Gas Well   Now Well   Workover   Deepen   Plug Back   Same Hes'v.   Diff. Res'v.    Designate Type of Completion — (X)						
	Date Spudded  Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.  Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth			
	Perforations			Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AI  CASING & TUBING SIZE  .	D CEMENTING RECORD DEPTH SET	SACKS CEMENT			

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WFIL

Date First New Cil Run To Tanks

Date of Test

Tubing Preseure

Casing Preseure

Casing Preseure

Case-MCF

Water-Bbls.

Case-MCF

GAS WELL

Actual Fred. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure (thut-in)

Casing Pressure (Shut-in)

Choke Size

## T. CERTIFICATE OF COMPLIANCE

I hereby cartify 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.

Lembres for Karry Armex

OIL CONSERVATION COMMISSION
MAR 2 1 1386

ORIGINAL SIGNED BY JERRY SEXTON

BY DISTRICT I SUPERVISOR

TITLE \_

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

If this is a request for siloweble for a newly difficiter despensed well, this form must be accompenied by a tabulation of the deviation tests taken on the well in accordance with nucl. 111.

All sections of this fore must be filled out completely for allowshie on new and recompleted wells.

Fill out only Soctions I. U. III, and VI for changes of swiner, well name or number, or transporter or other such change of conditions

March 19, 1986

Engineer

nichelle

(Dute)

(Title)

1		i			
DISTRIBUTIO					
SANTA FE					
FILE					
J.S.G.S.					
LAND OFFICE					
IRANSPORTER	OIL				
TRANSI ON I ER	GAS				
OPERATOR					
PRORATION OF					
Operation & Sun Exploration &					
P. O. Box 1861, M					
Reason(s) for filing (Check proper ba					
New Well					
Recompletion					
Change in Ownership					

12-18-81

(Date)

	SANTA FE		CONSERVATION COL ISION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65			
	J.S.G.S.	AUTHORIZATION TO TR	PANSPORT OIL AND NATURAL	GAS			
	LAND OFFICE						
	TRANSPORTER GAS	_					
	OPERATOR						
I.	PRORATION OFFICE						
	Sun Exploration &	Production Co.					
	Address						
		idland, Texas 79702					
	Reason(s) for filing (Check proper ba	Change in Transporter of:	Other (Please explain)				
	Recompletion	Oil Dry G	Name Change				
	Change in Ownership	Casinghead Gas Conde	From: Sun O	11 Company			
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND	LEASE   Well No.   Fool Name, Including	Formation   Kind of Leas				
	Emery King. S.E.		zix 7 Ryrs.Q. Gryb. State, Federa	Cadse '40'			
	Location			ree			
	Unit Letter 0	.650 Feet From The East Li	ine and 990 Feet From	The South			
	Line of Section 1 To	ownship 23 Range	36 , NMPM, Lea				
		runge 1	36 , NMPM, Lea	County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS TA'd				
	Rame of Authorized . Idnsporter of C	II or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)			
	Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	er.			
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA						
	Designate Type of Completi	on - (X)	No. 2076.	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 Fredricks Fredricks					
	Listations (Dr., RRB, R1, GR., etc.,)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	,						
	HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD				
	. 11022 3122	CASING & FUBING SIZE	DEPTH SET	SACKS CEMENT			
11/	TEST DATA AND DECLISE F	TOW AT TOWARD TO		<u>-i</u>			
٧.	TEST DATA AND REQUEST FOIL WELL		ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-			
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas li	(t, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
			, , , , , , , , , , , , , , , , , , , ,	0.1020			
	Actual Prod. During Test	Oil-Bbls,	Water - Bbls.	Gas-MCF			
	0.40 mm -						
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
				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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JAN 1582 , 19				
	-pore to time and combiete to the	. Seet of my knowledge and belief.	By Jeic, Sex.				
	. \ ] ,		TITLE				
	$\mathcal{D}$ . $\mathcal{A}$ . $\mathcal{V}$ . $\mathcal{A}$		This form is to be filed in c	ompliance with RULE 1104.			
-	(Signasure)			able for a newly drilled or deepened nied by a tabulation of the deviation			
	Acct. Asst. II		tests taken on the well in accord	dence with RULE 111.			
-	(Title)		All sections of this form mus	st be filled out completely for allow-			

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

Secretal Forms C-104 must be filled for each root in multiply

	e e e e e e e e e e e e e e e e e e e						
	DISTRIBUTION SANTA FE FILE U.S.G.S.	NEW MEXICO OIL C	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65				
1.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  TRANSPORTER OIL   GAS   OPERATOR   OPERA						
•.	Operator SUN OIL COMPANY Address						
	P.O. Box 1861, Midland Reason(s) for filing (Check proper box New We!1 Recompletion Change in Ownership X		<del></del> !				
	If change of ownership give name and address of previous owner	SUN TEXAS COMPANY, P.O.	Box 4067, Midland, TX	79704			
11.	DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Lease No.    Emery King. S.E.   4   Langlie-Mattix 7 Rvrs.Q.Gryb.   State, Federal or Fee Fee						
	Unit Letter 0 : 1650	Feet From TheEastLin	ne and Feet From	South The_			
	Line of Section Too	washto 23 Range	36 , NMPM,	Lea County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS TA'd Address (Give address to which appro	ived copy of this form is to be sent			
	Name of Authorized Transporter of Casingnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)						
	If well produces oil or liquids, Unit Sec. Twp. P.ge. Is gas actually connected? When give location of tanks.						
IV.	f this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA						
	Designate Type of Completion		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 Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKE CENERAL			
	NOCE 3122	CASING 1 (OBING 3)22	UEFTH SET	SACKS CEMENT			
<b>v</b> .	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-						
	OIL WELL Date First New Cil Run To Tanks	Date of Test	psh or be for full 24 hours) Producing Method (Flow, pump, gas is	ft, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size			
	Actual Prod. During Test	Cil-Sbla.	Water - Bbls.	Gds-MCF			
	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	DE .	OIL CONSERVA	ATION COMMISSION			
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given	APPROVED, 19, 19				
above is true and complete to the best of my knowledge and belief.			BY Jag Signed by				

(Signature)

Production/Proration Supervisor

(Title)

July 1, 1981

(Date)

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

Die L Supe

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

Secreta Forms C-104 must be filed for each most in multiply

HEM MEXICO DIE CONSERVATION COMMISSION Supersedes Old C-104 and C-11 SANTA FE REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AULHORIZATION TO TRANSPORT OIL AND MATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator SUN TEXAS COMPANY P. O. Box 4067
Reason(s) for filing (Check proper box) Midland, Texas 79704 Other (Please explain) Change in Transporter of: Dry Gas 011 Recompletion Condensate Casinghead Gas Change in Ownership X If change of ownership give name and address of previous owner Midland, TX. 79704 TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 II. DESCRIPTION OF WELL AND LEASE
Lease Name Grey Pool Name, Including Formation Confidential ell No. State, Federal or Fee 4 18-5 In Line and , NMPM, Range Line of Section Township TH'O III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Nome of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas When Is gas actually connected? P.ge. Unit Sec. Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res's Workover Oil Well Gas Well New Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF. RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load all and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Cosing Pressue Tubing Pressure Length of Test Gas - MCF Water - Bbls. Ott-Bbis. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Cosing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. Orig. Signed by Jerry Sexton Dist L Supre TITLE .

Regional Operations Superintendent/West

SEP 1 9 1980

(Title)

(Date)

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owner, ell name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

NO. UP SPIES MELL	LIVED	1	
DISTRIBUTIO	ON .		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
I RANSFORTER	GAS		
OPERATOR			
		T	

DISTRIBUTION  SANTA FE  FILE  U.S.G.S.		REQUEST	CONSERVATION CON FOR ALLOWABLE AND ANSPORT OIL AND		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
LAND OFFICE  I RANSPORTER GAS  OPERATOR  PROPATION OFFICE	AUTHOR	TZATION TO TK	ANSPORT OIL AND	NATURAL G	AS	
OPTEXAS PACIFIC OIL CO	o., INC.					
Address						
Reason(s) for filing (Check proper b			Other (Pied	se explain)	ORD CHILY	
New Well Recompletion	Change in T Oil	ransporter of:	Well pl	aced back	on production 2-17-74	
Change in Ownership	Casinghead	Gas Conde	nsate			
If change of ownership give name	•					
and address of previous owner	DIEACE					
II. DESCRIPTION OF WELL AN	Well No. P	ool Name, Including F		Kind of Lease	Lease No.	
Location (		anglie Mattix	1-mar Queen	State, Federal	criee Tee	
Unit Letter	Feet From	The Li	ne and 1650	Feet From Ti	ne <b>Bast</b>	
Line of Section	Township 23-8	Range 3	<b>6-3</b> , NME	M, Les	County	
		ND NATURAL C	16			
II. DESIGNATION OF TRANSPO	or Con	densate	Address (Give addres P.O. Box 1510		ed copy of this form is to be sent)  Texas 79701	
Negative thorized Transporter of C	Casinghead Gas	or Dry Gas	Address (Give addres	s to which approve	ed copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec.	Twp. P.ge.	Is gas actually conne			
give location of tanks.  If this production is commingled	with that from any			ler number:		
If this production is commingled IV. COMPLETION DATA		Well Gas Well	New Well Workove		Plug Back   Same Resty. Diff. Resty.	
Designate Type of Comple		Well Gds Well	New Well Worksyle	. Deepen	Find Date 1 to 3 to 1	
Date Spudded	Date Compl. Red	idy to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	, Name of Product	ng Formation	Top Oil/Gas Pay		Tuking Depth	
Perforations	Perforations				Depth Casing Shoe	
		BING CASING AN	D CEMENTING RECO	NPD		
HOLE SIZE	<del></del>	TUBING SIZE	DEPTH		SACKS CEMENT	
V TEST DATA AND REQUEST	FOR ALLOWAR	LE (Test must be o	ifter recovery of total vo	lume of load oil a	nd must be equal to or exceed top allow-	
OII. WELL  Date First New Oil Run To Tanks	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 Oil Bun To Tanks    Date of Test   Producing Method (Flow, pump, gas lift, etc.)					
Date First New Oil Run 10 Idnxs	Date of Test		r rocaering solution (r			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		Gas - MCF	
GAS WELL		<del></del>				
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MM	ICF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	Casing Pressure (Sh	rt-in)	Choke Size	
VI. CERTIFICATE OF COMPLIA	NCE		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 best of my knowledge and belief.		n H		, 19		
soore se time end complete to	<u>-</u>		TITLE			
Original Signed by		This form is	to be filed in co	ompliance with RULE 1104.		
Licyd Wright		If this is a request for allowable for a newly drilled or deepened				
Area Superinte	nden't		tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-			
<b>2-22-74</b>	Title)		able on new and	recompleted well	is. III. and VI for changes of owner,	
	(Date)			per, or transporte	or other such change of condition. be filed for each pool in multiply	