

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COM		ON		Form C-104	
A FE		REQUEST FOR ALLOWABLE				Supersedes Old C-104 and C-11	
		AND				Effective 1-1-65	
S.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
D OFFICE							
ANSPORTER		OIL					
		GAS					
ERATOR							
ORATION OFFICE							

erator Sun Exploration & Production Co.

ddress P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Name Change Only	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	From: Sun Oil Company	
		Dry Gas	<input type="checkbox"/>		
		Condensate	<input type="checkbox"/>		

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "A" A/C 1	46	Langlie Mattix 7 Rvrs.Q.Gryb.	State, Federal or Fee State	
Location				
Unit Letter	L	1980 Feet From The	South Line and	660 Feet From The
				West
Line of Section	3	Township	23-S	Range
				36-E
				NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.		Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips Pipeline Co.		Box 6666, Odessa, Texas
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	3
		23
		36
Is gas actually connected?	Yes	When
		6-19-59

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	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 Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-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

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.

Dee Ann Kemp

(Signature)

Accounting Asst. II

(Title)

12-16-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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

Separate Form C-104 must be filed for each pool in multiple