DISTRIBUTION	 4		
SANTA FE	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SILE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-1
J.S.G.S.		AND	Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL GAS	•
TRANSPORTER OIL	+		
GAS	*		
OPERATOR			
PRORATION OFFICE			
	on & Production Company		
Address			
P.O. Box 1861	, Midland, Texas 79702		
Reason(s) for filing (Check proper	box)	Other (Planet	
New Well	Change in Transporter of:	Other (Please explain) Correction on Ga	is Transporter
Recompletion	Oil Dry (
Change in Ownership	Casinghead Gas Cond	densate	
change of ownership give nam	ne		
nd address of previous owner_			
ESCRIPTION OF WELL A	ND LEASE Well No. Fool Mame, Including		
State "A" A/C 1		Formation Kind of Lease ttix 7 Rvrs.Q.Grybitate, Federal or i	Lease No.
ocation		Verk / RVIS.Q. OI ylastate, rederal or i	Fee State
Unit Letter M	660 Feet From The South	660	West
·		line and <u>660</u> Feet From The _	West
Line of Section 3	Township 23-S Bange	36-Е , ммрм, Lea	2
	-		County
ESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G	iAS	
	Λ	Address (Give address to which approved c	
Texas New Mexico F	Casinghead Gas X cr Dry Gas	Box 1510, Midland, Texa Address (Give address to which approved c	<u>S</u>
Phillips Petroleum			
f well produces oil or liquids,	Unit Sec. Twp. Rge.	4001 Penbrook, Odessa, Is gas actually connected? When	<u> Texas 79602</u>
ive location of tanks.	<u>M</u> 3 23 36	l l	
this production is commingled	with that from any other lease or pool		6-19-59
OMPLETION DATA		, give comminging order number:	
Designate Type of Comple	cii Well Gas Well	New Well Workover Deepen Plu	ig Back Same Res'v. Diff. Res'v
ate Spudded		1	
	Date Compi. Ready to Prod.	Total Depth P.E	3.T.D.
levations (DF, RKB, RT, GR, etc	.; Name of Producing Formation		
_,, on, cic	,) Italio of Fredering Frederich	Tep Oil/Gas Pay Tub	bing Depth
erforations			pth Casing Shoe
			San Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			SACING CEMENT
EST DATA AND REQUEST		after recovery of total volume of load oil and m	ust be equal to or exceed top allow
EST DATA AND REQUEST IL WELL ate First New Oil Bun To Tanks		after recovery of total volume of load oil and m lepth or be for full 24 hours)	
L WELL	able for this d	after recovery of total volume of load oil and m lepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.	
L WELL	able for this d	Producing Method (Flow, pump, gas lift, etc.	.,
IL WELL ate First New Oil Run To Tanks angth of Test	able for this d. Date of Test	Producing Method (Flow, pump, gas lift, etc.	
I. WELL ate First New Oil Run To Tanks	able for this d. Date of Test	Producing Method (Flow, pump, gas lift, etc. Casing Pressure Cho	.,
IL WELL ate First New Oil Run To Tanks angth of Test	able for this di Date of Test Tubing Pressure	Producing Method (Flow, pump, gas lift, etc. Casing Pressure Cho	.) Xe Size
IL WELL ate First New Oil Run To Tanks angth of Test stual Prod. During Test	able for this di Date of Test Tubing Pressure	Producing Method (Flow, pump, gas lift, etc. Casing Pressure Cho	.) Xe Size
IL WELL ate First New Oil Run To Tanks ength of Test stual Prod. During Test	able for this di Date of Test Tubing Pressure Cil-Bbis.	Producing Method (Flow, pump, gas lift, etc. Casing Pressure Cho Water-Bbis. Gas	.) Xe Size
IL WELL ate First New Oil Run To Tanks angth of Test stual Prod. During Test	able for this di Date of Test Tubing Pressure	Producing Method (Flow, pump, gas lift, etc. Casing Pressure Cho Water-Bbls. Gas	.) Xe Size
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IL WELL ate First New Oil Run To Tanks ength of Test stual Prod. During Test	able for this di Date of Test Tubing Pressure Cil-Bbis.	Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF	.) Xe Size I-MCF
IL WELL ate First New Cil Run To Tanks ength of Test stual Prod. During Test AS WELL stual Prod. Test-MCF/D esting Method (pitot, back pr.)	able for this di Date of Test Tubing Pressure Cil-Bbls. Length of Test Tubing Pressure (Shut-in)	Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Water-Bbis. Bbis. Condensate/MMCF	.) NMCF Vity of Condensate
IL WELL ate First New Oil Run To Tanks ength of Test ctual Prod. During Test AS WELL ctual Prod. Test-MCF/D	able for this di Date of Test Tubing Pressure Cil-Bbls. Length of Test Tubing Pressure (Shut-in)	Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Gasing Pressure (Shut-in) Choire	.) NOF Vity of Condensate ke Size
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IL WELL ate First New Cil Run To Tanks ength of Test stual Prod. During Test AS WELL ctual Prod. Test-MCF/D esting Method (pitor, back pr.) CRTIFICATE OF COMPLIA ereby certify that the rules and	able for this di Date of Test Tubing Pressure Cil-Bbls. Length of Test Tubing Pressure (Shut-in) NCE	Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Cho Water-Bbls. Gas Bbls. Condensate/MMCF Gran Casing Pressure (Shut-in) Choi OIL CONSERVATION APPROVED BY	./ ./ ./ ./ MCF
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	DISTRIBUTION JANTA FE		CONSERVATION CON JION	Form C-104 Supersedes Old C-104 and C-1	
	U.S.G.S.		AND	Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS	
	TRANSPORTER OIL				
	GAS OPERATOR	_			
1.	PRORATION OFFICE				
	Sun Exploration &	Production Co.			
	Address				
	P. O. Box 1861, M				
	Reason(s) for filing (Check proper bo New Well	x) Change in Transporter of:	Other (Please explain)		
	Recompletion	Oil Dry G	Name Change	Only	
	Change in Ownership	Casinghead Gas Conde	ensate From: Sun O	II Company	
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including I	Formation		
	State "A" A/C 1		x 7 Rvrs.Q.Gryb. State, Federa	Lease No.	
	Location			IcrFee State	
	Unit Letter ;;;	660 Feet From The South	ne and Feet From "	TheWest	
	Line of Section 3 To	wriship 23-S Range	_36-Е , ммрм, Lea		
	DESIGNATION OF TRANSPOR			County	
	Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL G	AS Address (Give address to which approx	ind come of this family	
	Texas New Mexico Pip	eline	Box 1510, Midland, Te	2Xas	
	Name of Authorized Transporter of Ca Phillips Pipeline Co		Address (Give address to which approx	ed copy of this form is to be sent)	
:	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 6666, Odessa, Tex Is gas actually connected?		
	give location of tanks.	M 3 23 36	Yes	6-19-59	
v.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completin	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,	
	Date Spudded	L			
		Date Compl. Ready to Prod.	Tctal Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	Perforations	Drations			
			Depth Casing Shoe		
			D CEMENTING RECORD		
ł	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
t					
-					
L ۷. ۱	TEST DATA AND REQUEST F		<u> </u>		
	OIL WELL	able for this de	fter recovery of total volume of load oil a opth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)	
ŀ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
-	Actual Dead During Treat				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF	
'-		<u> </u>			
	GAS WELL Actual Prod. Test-MCF/D				
	Actual Float, Test-MCF/D	Length of Test	Bbls. Condenscte/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
L					
1. (CERTIFICATE OF COMPLIANC)Е	OIL CONSERVA	TION COMMISSION	
I	hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED		
. U	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY		
approved the boar of my knowledge and beller.		Berry COSTOR			
	$ \rightarrow $		TITLE That is Super-		
	DerHomtomh		This form is to be filed in co		
	(Signa	iwe)	well, this form must be accompani	ble for a newly drilled or deepened ed by a tabulation of the deviation	
	Acct. Asst II		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.		
	(Tit) 12-16-81	τ /			
-	(Dat	e)	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.		
				he filed for each pool in multiply	