

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Sun Exploration & Production Co.		5. State Oil & Gas Lease No. 983-2A
3. Address of Operator P. O. Box 1861, Midland, Texas 79702		7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>north</u> LINE AND <u>1980</u> FEET FROM THE <u>east</u> LINE, SECTION <u>4</u> TOWNSHIP <u>23-S</u> RANGE <u>36-E</u> N.M.P.M.		8. Farm or Lease Name State "A" A/C 1
15. Elevation (Show whether DF, RT, GR, etc.) GR 3462.2		9. Well No. 44
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		10. Field and Pool or Widened Langlie Mattix 7 RVrs Queen Grayburg
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <u>Repair csg leak, acidize & return to production</u>		12. County Lea
SUBSEQUENT REPORT OF: PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>		REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- MIRU. POH w/rods & pump. NU BOP. Drop S.V. & test tbg to 3500#. Rise TAC Tag PBD & POH w/2-7/8 tbg string.
- RIH w/RBP & FB pkr on 2-7/8 tbg. Set RBP at 3600'. Set pkr at 3570' & test RBP to 500 psi. Test csg to 500 psi. If no leak rel pkr & swab test csg. If csg leak indicated, locate by moving pkr. Isolate csg leak & EIR. Dump 1 sx sd on RBP. Sqz leak under packer per Midland instruction. Rev. out, PU & WOC. DO cmt using 4-3/4" bit & six 3 1/2" DC's on 2-7/8" tbg. Tst sqz to 500#, swab test. Re-sqz if necessary. POH.
- RIH w/ret. HD on tbg. Circ sd off RBP. Retrieve RBP at 3600'. POH.
- RIH w/4-3/4" bit & scraper. CO to PBD @ 3790, if fill found in step 1. POH
- RIH w/RDG pkr & SN on 2-7/8 tbg to 3750'. Rig up Acid Engineering to spot & wash 150 gals Xylene 3750-3604'. PU to 3500'. SI overnight then recover load.
- Lwr pkr to 3750'. Acid Engineering spot 125 gals 15% HCL acid w/additives* 3750-3627'. PU to 3525'± & set pkr. Trap 500 psi on csg.
- Acid Engineering acdz perfs (3628-3750) w/2000 gals 15% HCL acid w/additives* in one stage @ 3 BPM. Flush to 3750'.
- Flow/swab back load. POH w/tbg laying down.
- RIH w/2-7/8 tbg string & 66 rodstring. Tbg setup to 3784', SN @ 3747', TAC @ 3560'±. POP & test.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Maria L. Perez TITLE Senior Accounting Asst. DATE 7-11-85
ORIGINAL SIGNED BY ESTABLISHED
DISTRICT SUPERVISOR
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

JUL 16 1985

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator Sun Exploration & Production Co.	
Address P. O. Box 1861, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Name Change Only From: Sun Oil Company
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A" A/C 1	Well No. 44	Pool Name, including Formation Langlie Mattix 7 Rvrs.Q.Gryb.	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 4 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 <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 6666, Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 4	Twp. 23	Rge. 36
Is gas actually connected?		When		

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'tv.	Diff. Res'tv.
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)

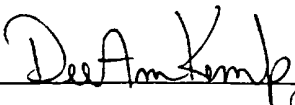
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.


(Signature)

Acct. Asst. II

(Title)

12-16-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 21 1982, 19____

BY Jerry Sexton
Orig. Signed By

TITLE Dist. L. Supv.

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 Forms C-104 must be filed for each pool in multiple

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-55

Operator SUN OIL COMPANY	
Address P.O. Box 1861, Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A" A/C-1	Well No. 44	Pool Name, Including Formation Langlie-Mattix 7 Rvrs.Q.Gryb.	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter <u>B</u>	<u>660</u>	Feet From The <u>North</u> Line and <u>1980</u>	Feet From The <u>East</u>	
Line of Section <u>4</u>	Township <u>23-S</u>	Range <u>36-E</u>	NMCM, <u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Texas-New Mexico Pipeline Co.	Box 1510, Midland, TX			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Co.	Box 6666, Odessa, TX			
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>4</u>	Twp. <u>23</u>	Rge. <u>36</u>
Is gas actually connected?		When		

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't.	Diff. Res't.
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 (pilot, 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.

[Signature]
(Signature)
Production/Proration Supervisor
(Title)
July 1, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1981, 19
BY [Signature]
TITLE [Signature]

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