DISTRIBUTIO SANTA FE FILE U.S.G.S. LAND OFFICE OPERATOR	DN	OIL CONSERV		
FILE U.S.G.S. LAND OFFICE		P. U. B(DX 2088	Form C-103 -
LAND OFFICE			W MEXICO 87501	Revised 10-1-78
				5a. Indicate Type of Lease
				State X Fee 5. State Oll & Gas Lease No.
				983-24
INT BEU TON OOJ	SUNDRY NOTIC	ES AND REPORTS ON	N WELLS BACK TO A DIFFERENT RESERVOIR.	
	GAB OTHER-			7. Unit Agreement Name
2. Name of Operator Sun Explora	ation & Productio	n Co.		B. Farm or Lease Name State "A" A/C 1
P. O. Box 1	9. Well No.			
4. Location of Well				44
UNIT LETTERB	Langtie Mattix Witters Queen Grayburg			
THE <u>east</u>	LINE, SECTION 4	TOWNSHIP23-	S RANGE 36-E NM	
		5. Elevation (Show whether GR 3462.2	DF, RT, GR, etc.)	12. County
16.	Check Appropria		Nature of Notice, Report or (Lea AMM
NO	TICE OF INTENTION	то:	SUBSEQUE	Jther Data NT REPORT OF:
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CABING		CHANGE PLANS	CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
	sg leak, acidize production		OTHER	
7. Describe Proposed or work) SEE RULE 110	r Completed Operations (Cle	arly state all pertinent det	ails, and give pertinent dates includi	ng estimated date of starting any proposed
. MIRU. POH w/r	rods & pump. NU B	OP. Drop S.V. &	test that a 3500# Place	TAC Tag PBD & POH w/2-7/8
tbg string. . RIH w/RBP & F	ER pkp op 2 7/0 +		1000 059 10 5500#. RTSE	TAC TAG PBD & POH w/2-7/8
Test csg to 5	500 psi. If no 1	bg. Set RBP at 30 eak rol pkp & sug	500'. Set pkr at 3570' 8	& test RBP to 500 psi.
If csg leak	indicated locat	o by mouting plus	The The Start Cost	
leak under p	Dacker per Midlan	d instruction. Re	ev. out, PU & WOC. DO cm	. Dump 1 sx sd on RBP. Sqz nt using 4-3/4" bit & six
. RIH w/ret. HD) on the Circ ed		nece ne-syz if nece	essary. POH.
. RIH w/4-3/4"	hit & scranon		PUH.	
. RIH w/RDG pkr	& SN on 2-7/8 t	bg to 3750'. Rig	up Acid Engineering to	o 1. POH spot & wash 150 gals Xyler
3/50-3604°. P	20 to 3500'. SI ov	vernight then rec	cover load.	spor a wash isu gals Xyler
3525' ⁺ & set	nkn Than Engine	ering spot 125 ga	ls 15% HCL acid w/addit	ives* 3750-3627'. PU to
Acid Engineer	ing acdz perfs (3	r on usy. 3628–3750) w∕2∩∩∩	gals 15% HCL acid w/ad	• • •
@ 3 BPM. Flu	sh to 3750'.		JAIJ IJO HUL ACIO W/AO	aitives* in one stage
RIH w/2-7/8 t	k load. POH w/tbg	laying down.	un ta 07011 -	
		ustring. ibg set	up to 3784', SN @ 3747'	, TAC @ 3560' ⁺ . POP & test
. I hereby certify that the	e information above is true	and complete to the best of	my knowledge and hali-(
neo Alaria				7-11-85
OKIGINAL DIS	SIGNED BY HE SOL	CN	ior Accounting Asst.	JUL 1 6 1985

	l		
DISTRIBUTION		CONSERVATION COM	
JANTA FE		T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TH	RANSPORT OIL AND NATURAL	GAS
LAND OFFICE	1		
TRANSPORTER OIL			
GAS			
OPERATOR PRORATION OFFICE			
Operator			
Sun Exploration	& Production Co.		
Address			
P. O. Box 1861,			
Reason(s) for filing (Check proper	r box)	Other (Please explain)	
New We!!	Change in Transporter of:	Name Chang	ne Only
Recompletion Change in Ownership	Oil Dry i	From: Sun	Oil Company
	Casinghead Gas Cond	lensate	
If change of ownership give nar			
and address of previous owner.			
II. DESCRIPTION OF WELL A	ND LEASE		
Lease Name	Well No. Pool Name, Including	Formation Kind of Le	ase Lease No.
State "A" A/C 1	44 Langlie Matt	tix 7 Rvrs.Q.Gryb ^{State} , Fed	
Location			
Unit Letter B	660 Feet From The North	ine and 1980 Fact Fac	The East
		reet r to	
Line of Section 4	Township 23-S Range	36-Е , ммрм, Lea	L County
Name of Authorized Transporter o	ORTER OF OIL AND NATURAL G f Oil or Condensate		
Texas New Mexico P			proved copy of this form is to be sent)
Name of Authorized Transporter o	f Casinghead Gas 🛩 or Dry Gas	Box 1510, Midland, Texas Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum		Box 6666, Odessa, Texas	
If well produces oil or liquids,	Unit Sec. Twp. Ege.		lexas When
give location of tanks.	C 4 23 36		
Designate Type of Compl Date Spudded	Oil Well Gas Well Date Compl. Ready to Pred.	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
			P.B.T.D.
Elevations (DF, RKB, RT, GR, etc	c.; Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
2			
HOLE SIZE		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load o	il and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	able for this c	lepth or be for full 24 hours)	
Date First New OIL Add 10 I daks		Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	
		Copind Lingsma	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
	(Baut-In)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLI	ANCE		
		1	ATION COMMISSION
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED JAN 2	1982 19
Commission have been complie	d with and that the information given the best of my knowledge and belief.	Usig. Signed	b,
Lotte in the and complete to	me bear of my knowledge and belief.	The statute	
\sim \sim \sim \sim \sim			<u> </u>
$() \cap V $		This form is to be filed in	compliance with RULE 1104.
_ det tom tomp		If this is a request for allo	wable for a newly drilled or deepened
Acct Acct II	ignature)	well, this form must be accomp tests taken on the well in acc	anied by a tabulation of the deviation
Acct. Asst. II	(Tiple)		ordance with RULE 111. Just be filled out completely for allow-
12-16-81	(Tille)	able on new and recompleted w	vells.
· _ · · · · · · · · · · · · · · · · · ·	(Date)	Fill out only Sections I, well name or number or transport	II. III, and VI for changes of owner, rter, or other such change of condition.
	· · · · ·	Il were name of number, or transpo	or other such change of condition.

DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104	
REQUEST I		FOR ALLOWABLE	Supersedes Old C-104 and C.	
J.S.G.S.		AND	Effective 1-1-55	
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT CIL AND NATURAL	GAS	
IRANSPORTER OIL				
GAS				
PROPATION OFFICE				
Operator				
SUN OIL COMPANY				
P.O. Box 1861, Midlan	id, TX 79702			
Reason(s) for filing (Check proper bi		Other (Please explain)		
New Well	Change in Transporter of:	_		
Recompletion Change in Ownership X				
	Casinghead Gas Conde	ensate		
If change of ownership give name and address of previous owner		Box 4067, Midland, TX	79704	
. DESCRIPTION OF WELL ANI	D LEASE			
Leise Name	Well No. Pool Name, Including :		Lease .vo.	
State "A" A/C-1	44 Langlie-Matti	X 7 RVrs.Q.Gryb. State, Fede	rai cr Fee State	
	50 Feet From The North LI	ine and 1980 Feet From	East	
	Fownship 23-S Range	36-Е , ммем,	Lea County	
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G		County	
Name of Authorized Transporter of C	011 🗹 or Condensate 🗌	Address (Give address to which app	oved copy of this form is to be sent)	
Texas-New Mexico Pipe	eline Co. Casingheda Gas or Dry Gas	Box 1510, Midland, TX Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Co		Box 6666, Odessa, TX	oved copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. Ege.		'hen	
give location of tanks.	C 4 23 36	i		
If this production is commingled v . COMPLETION DATA	with that from any other lease or pool,	, give commingling order number:		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'	
Designate Type of Complet				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	, Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUZING, CASING, AN	ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQUEST				
	FOR ALLOWABLE (Test must be a	after recovery of total volume of load o	il and must be equal to or exceed top allo	
OIL WELL Date First New Cil Run To Tanks	FOR ALLOWABLE (Test must be a able for this a Date of Test	lepth or be for full 24 hours;		
	able for this d	after recovery of total volume of load o lepth or be for full 24 hours; Producing Method (Flow, pump, gas		
	able for this d	lepth or be for full 24 hours;	lift, etc.) Chare Size	
Date First New Cil Run To Tanks	able for this d Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure	Chore Size	
Date First New Cil Run To Tanks Length of Test	able for this d Date of Test Tubing Pressure	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.) Choke Size	
Date First New Cil Run To Tanks Length of Test Actual Prod. During Test	able for this d Date of Test Tubing Pressure	epth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure	Chore Size	
Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	able for this d Date of Test Tubing Pressure Oil-Bbis.	epth or be for full 24 hours; Producing Method (Flow, pump, gas Casing Pressure Water-Bbls.	Chore Size Gas-MCF	
Date First New Cil Run To Tanks Length of Test Actual Prod. During Test	able for this d Date of Test Tubing Pressure	epth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure	Choxe Size	
Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	able for this d Date of Test Tubing Pressure Oil-Bbis.	epth or be for full 24 hours; Producing Method (Flow, pump, gas Casing Pressure Water-Bbls.	Chore Size	
Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	able for this d Date of Test Tubing Pressure Cil-Bble. Length of Test Tubing Pressure (Shut-in)	<pre>epth or be for full 24 hours; Producing Method (Flow, pump, gas Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)</pre>	Choxe Size Gas-MCF Gravity of Condensate Choxe Size	
Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) . CERTIFICATE OF COMPLIA:	able for this d Date of Test Tubing Pressure Oil-Bbls. Longth of Test Tubing Pressure (Shut-in) NCE	<pre>(epth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV </pre>	Choce Size Gas-MCF Gravity of Condensate Choce Size ATION COMMISSION	
Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pulot, back pr.) . CERTIFICATE OF COMPLIA: I hereby certify that the rules and Commission have been complied	able for this d Date of Test Tubing Pressure Oil-Bble. Length of Test Tubing Pressure (Shut-in) NCE	Producing Method (Flow, pump, gas Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV APPROVED	Choxe Size Gas-MCF Gravity of Condensate Choxe Size	
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Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) . CERTIFICATE OF COMPLIA: I hereby certify that the rules and Commission have been complied above is true and complete to the	able for this d Date of Test Tubing Pressure Oil-Bble. Length of Test Tubing Pressure (Shut-in) NCE	Eprh or be for full 24 hours; Producing Method (Flow, pump, gas) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV APPROVED BY	Choce Size Gas-MCF Gas-MCF Gravity of Condensate Choke Size ATION COMMISSION 21981 . 19	
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Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (putot, back pr.) CERTIFICATE OF COMPLIA: I hereby certify that the rules and Commission have been complied above is true and complete to the Completence of the completence of the complet	able for this d Date of Test Tubing Pressure Cil-Eble. Longth of Test Tubing Pressure (Shut-in) NCE d regulations of the Oil Conservation with and that the information given he best of my knowledge and belief. mature/ Supervisor	Exprime Producing Method (Flow, pump, gas Casing Pressure Water-Bbls. Bbls. Candensate/MMCF Casing Pressure (Shut-in) OIL CONSERV APPROVED JUL 20 TITLE This form is to be filed in If this is a request for sile well, this form must be accompleted of Fill out only Sections I.	Choke Size Choke Size Gravity of Condensate Choke Size ATION COMMISSION Support Compliance with RULE 1104. Someble for a newly drilled or deepend seried by a tabulation of the deviation ordence with RULE 111. Support S	