Proposed Operations # 17 Emery King NW # 3

- F. Pump 400 gals. block
- G. Pump 725 gals. acid
- H. Flush w/ 2% KCL wtr.
- 7. Swab back immediately. Evaluate.
- 8. Rig up Cardinal surveys. Run base Gamma-Trol log from 3300' to top of 20/40 sand at about 3676'.
- 9. BJ-Hughes frac perfs 3604-3660' down 2-7/8" tbg. w/ 20,000 gals. Terra frac T 30 carrying 29,000 # of radioactively tagged 20/40 sand at 10 BPM w/ an estimated surface treating pressure of 1800 psi as follows:

A. Pump 5000 gals. Terra T 30 pad.
B. Pump 3000 gals. Terra T 30 w/ 1 ppg 20/40 sand.
C. Pump 3000 gals. Terra T 30 w/ 1.5 ppg 20/40 sand
D. Pump 4000 glas. Terra T 30 w/ 2 ppg 20/40 sand.
E. Pump 5000 gals. Terra T 30 w/ 2.5 ppg 20/40 sand.
F. Flush to top perfs w/ 2% KCL wtr. containing 10 ppt G-5.
* Terra T 30 frac fluid consisting of 2% KCL wtr. containing: 1 gal/1000 J-4A 5#/1000 F-5 20#/1000 Adomite Aqua

- 10. Run Cardinal Survey Gamma-Trol log from 3300-3676'. Wait 1 hr. and repeat log run.
- 11. Shut well in overnight.
- 12. Swab well.
- 13. POH w/ 2-7/8" tbg. and pkr.
- 14. GIH w/ hydrostatic bailer on 2-7/8" tbg and clean out hole to 3762'.
- 15. POH w/ 2-7/8" tbg. and bailer. GIH w/ 2-3/8" tbg, 3/4" rods and 1¹/₂" plunger pump. Set seating nipple at 3585'. Tbg bottom at about 3616'. No tbg anchor should be run.
- 16. Beam well and test at 10 SPM and 34" stroke length.

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	DICTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	CONSERVATION COM ION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 S			
1.	IRANSPORTER OIL GAS GAS OPERATOR Image: Comparison of Fice Operator Sun Exploration &	Production Co.					
	Address P. O. Box 1861, Midland, Texas 79702						
	Reason(s) for filing (Check proper box) Other (Please explain)						
	Recompletion	Change in Transporter of: Oil Dry Go	Name Change O From: Sun Oil				
	Change in Ownership	Casinghead Gas Conde	nsate				
	and address of previous owner		·····				
п.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F		Lease No.			
	Emery King MM NW	<u>3</u> Langlie Matt	ix 7 Rvrs. Q.GryB.	Fee Fee			
	Unit Letter <u>C</u> ; <u>19</u>	80 Feet From The West Lir	ne and330 Feet From The	North			
	Line of Section 1 To	wnship 23-S Range	<u> 36-Е , ммрм, Lea</u>	County			
111.	DESIGNATION OF TRANSPOR	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil g or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Texas New Mexico Pi	peline	Box 1510, Midland, Te	exas			
	Name of Authorized Transporter of Ca	singhead Gas 🗍 or Dry Gas 🚞	Address (Give address to which approved	copy of this form is to be sent)			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected? When NO				
137	If this production is commingled with that from any other lease or pool, give commingling order number:						
1 .	Designate Type of Completi	on - (X)	New Well Workover Deepen F	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 Cil/Gas Pay 7	Subing 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 (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						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oll-Bbis.	Water-Bbls. C	Gas - MCF			
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	iravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) C	Choke Size			
ا ۷۱.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATI	ON 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	, 19			
			BY Orig. Signed by Nerry Sexton TITLE Dist 1, Supp				
	DerAmtemb		This form is to be filed in compliance with $RULE$ 1104. If this is a request for allowable for a newly drilled or deepened				
-	(Signature) Acct. Asst.II		well, this is a request for allowable well, this form must be accompanied tests taken on the well in accordan	d by a tabulation of the deviation			
-	(Title)		able on new and recompleted wells.				
-	1-1-82 (Date)		Fill out only Sections I, II, II well name or number, or transporter, o				
			Senerete Forme C-104 must be filed for each nool in multiply				

DISTRIBUTION		- CONSERVATION COMMIS ON			
ANTA FE		ST FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1		
1 TILE		AND	Effective 1-1-65		
J.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURA	LIGAS		
	1				
TRANSPORTER GAS					
OPERATOR					
I. PRORATION OFFICE					
Operator					
SUN OIL COMPANY					
P.O. Box 1861, Mic Reason(s) for filing (Check pro	dland, TX 79702				
New Well	Change in Transporter of:	Other (Please explain)			
Recompletion					
Change in Ownership X		Gas densate			
	er <u>SUN TEXAS COMPANY, P.O.</u>	Box 4067, Midland, TX	79704		
II. DESCRIPTION OF WELL	AND LEASE				
Emery King NW.	3 Langlie-Matti	x 7 Rvrs Q.Gryb. State, Fed.	Lease No.		
Location		State, r ea	eral of Fee Fee		
Unit Letter	1020 Extra the Most	220	March		
	<u>1980</u> Feet From The <u>West</u>	Line and <u>330</u> Feet Fro	m The North		
Line of Section 1	Township 23-S Bange	36-E	Lea		
		, NMPM,	County		
II. DESIGNATION OF TRANS	SPORTER OF OIL AND NATURAL G	748	•		
Name of Authorized Transporte	r of Oll 🔊 cr Condensate 🗌	Address (Give address to which app	roved copy of this form is to be sent)		
Texas New Mexico		Box 1510, Midland, T	X		
Name of Authorized Transporter	r of Casingheaa Gas or Dry Gas	Address iGive address to which app	roved copy of this form is to be sent)		
If well produces oil or liquids,	Unit Sec. Twp. Pige.		Vhen		
give location of tanks.	D 1 23 36	No			
If this production is comming	led with that from any other lease or pool	l, give commingling order number:	· · · · · · · · · · · · · · · · · · ·		
V. COMPLETION DATA					
Designate Type of Com	pletion = (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.				
	Date compl. Heady to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR,	etc., Name of Producing Formation	Top Cil/Gas Pay			
			Tubing Depth		
Perforations			Depth Casing Shoe		
	TUZING, CASING, AN	ID CEMENTING RECORD			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
·	i				
- TEST DATA AND REQUE	EST 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				
CITE ULT T	SI FUR ALLOWABLE (Test must be a shin for this d		i and must be equal to or exceed top allow-		
OIL WELL Date First New Cil Run To Tani	able for this d	epin or be for full 24 hours)			
OIL WELL Date First New Cil Bun To Tani	able for this d	Producing Method (Flow, pump, gas)			
	able for this d	Producing Method (Flow, pump, gas	ift, etc.j		
Date First New Cil Run To Tani	able for this d	epin or be for full 24 hours)	ift, etc.) Choke Size		
Date First New Cil Run To Tani	able for this d	Producing Method (Flow, pump, gas	ift, etc.j		
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Date First New Cil Run To Tani Length of Test Actual Prod. During Test	able for this d Date of Test Tubing Pressure	Producing Method (Flow, pump, gas) Casing Pressure	lift, etc.) Chozo Sizo		
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Date First New Cil Run To Tani Longth of Test Actual Pred. During Test GAS WELL Actual Pred. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPL I hereby certify that the rules Commission have been compli- above is true and complete to Sur Actual	able for this d able for this d Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Bhnt-in) IANCE and regulations of the Oil Conservation ied with and that the information given to the best of my knowledge and belief. (Signature) IN Supervisor	Producing Method (Flow, pump, gas) Producing Method (Flow, pump, gas) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV/ APPROVED Juli 281 By Jerry Sesten TITLE Dist 1. Supv. This form is to be filed in If this is a request for shlor well, this form must be accomps tests taken on the well in accomps	Choice Size		
Date First New Cil Run To Tani Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPL I hereby certify that the rules Commission have been compli- above is true and complete to Bud Reau	able for this d able for this d Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in) IANCE and regulations of the Oil Conservation ied with and that the information given o the best of my knowledge and belief. 'Signature,	Producing Method (Flow, pump, gas) Producing Method (Flow, pump, gas) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV/ APPROVED JUL 28 1 BY Jerry Sested TITLE Dist 1. Supv. This form is to be filed in If this is a request for silor well, this form must be accompatests taken on the well in accompatest staken of this form must be accompated well able on new and recompleted well	Compliance with RULE 1104. Compliance with RULE 104. Compliance		
Date First New Cil Run To Tani Longth of Test Actual Pred. During Test GAS WELL Actual Pred. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPL I hereby certify that the rules Commission have been compli- above is true and complete to Buy Record	able for this d able for this d Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Bhnt-in) IANCE and regulations of the Oil Conservation ied with and that the information given to the best of my knowledge and belief. (Signature) IN Supervisor	Producing Method (Flow, pump, gas Producing Method (Flow, pump, gas Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV/ APPROVED 28 1 BY Juil 28 1 BY Jerry Sesten TITLE Dist 1. Stept- This form is to be filed in If this is a request for silor well, this form must be accomps tests taken on the well in accomps tests taken on the well in accomps tests taken on the well in accomps tests taken on the sell in form mu able on new and recompleted wi Fill out only Sections I I	Choxe Size Choxe Size Gas-MCF Gravity of Condensate Choke Size ATION COMMISSION Bai Compliance with RULE 1104. Vable for a newly drilled or deepened nied by a tabulation of the deviation rdance with RULE 111. St be filled out completely for allow-		

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Conserve Forme C-104 must be filed for each neal in multiply

	DISTRIBUTION SANTA FE FILE	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS					
	TRANSPORTER OIL GAS								
	OPERATOR								
I.	PRORATION OFFICE		, , , , , , , , , , , , , , , , ,	Ý					
	SUN TEXAS CO	MPANY							
	P. O. Box 40	67 Midland, Texas	79704						
Reason(s) for [!ling (Check proper box) Other (Please explain) New Well Change in Transporter of:									
	Recompletion	Oil Dry Ga Casinghead Gas Conden							
	Change in Ownership X								
	If change of ownership give name TEXAS PACIFIC QIL COMPANY, INC. P. O. Box 4067 Midland, TX, 7970 and address of previous owner TEXAS PACIFIC QIL COMPANY, INC. P. O. Box 4067 Midland, TX, 7970								
II.	DESCRIPTION OF WELL AND LEASE Well No. Fool Name, Including Formation Kind of Lease								
Emery King DID. 3 CANVALIE - MATTIC A RUL State, Federal or Fee Fres									
	Location Unit Letter								
		nship 2-2-4 Range	SILC , NMPM, LER	County					
11.	DESIGNATION OF TRANSPORT	or Condensate	Andress (Give adaress to which approt						
	TEXTS - MER. Misyl Name of Authorized Transporter of Cas	Inghead Gas 📄 or Dry Gas 🗍	Kex 1511 Din. Address (Give address to which approx	red copy of this form is to be sent)					
			Is gas actually connected? Whe	'n					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige. \mathcal{D} 1 235 34-2	nic						
	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	• 					
1.	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Date Spuddød	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					
				Depth Casing Shoe					
	Perforations								
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
V.	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a)	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(1, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Actual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas-MCF					
	Actual Prod. During Test								
	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size					
VI.	CERTIFICATE OF COMPLIANC	<u> </u> CE	OIL CONSERVA	JUN COMMISSION					
	I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION						
	I hereby certify that the rules and regulations of the On Construction Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYJerry Sext	011					
			TITLE Dist 1 Su						
	6		II	compliance with RULE 1104.					
	G. E. J.C.		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.						
	Regional Operations Superintendent/West (Tille) SEP 1 2 1980		All sections of this form mu able on new and recompleted we	st be filled out completely for allow-					
			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.						
	(Da	ie)	Separate Forms C-104 must be filed for each pool in multiply						
-		-							