

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 gals. 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 1½" 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.

DISTRIBUTION			
SANTA FE			
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COM ION  
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

I. Operator  
Sun Exploration & Production Co.

Address  
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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Emery King NM NW	Well No. 3	Pool Name, Including Formation Langlie Mattix 7 Rvrs. Q. Gryb.	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter C ; 1980 Feet From The West Line and 330 Feet From The North				
Line of Section 1 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline	Box 1510, Midland, Texas					
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)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 1	Twp. 23	Rge. 36	Is gas actually connected? No	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 Restv.	Diff. Restv.
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)

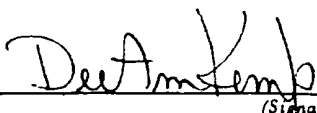
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.



Acct. Asst. II

(Signature)

(Title)

1-1-82

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_ Orig. Signed by \_\_\_\_\_

TITLE \_\_\_\_\_ Dist. 1, Supp.

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

DISTRIBUTION	
SANTA FE	
FILE	
J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-1.  
Effective 1-1-65

I. Operator  
SUN OIL COMPANY  
Address  
P.O. Box 1861, Midland, TX 79702  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
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 Emery King NW.	Well No. 3	Pool Name, including Formation Langlie-Mattix 7 Rvrs Q.Gryb.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C 1980 Feet From The West Line and 330 Feet From The North Line of Section 1 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	Address (Give address to which approved copy of this form is to be sent) 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)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 1	Twp. 23	Rge. 36	Is gas actually connected? No	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 Rest'n	Diff. Rest'n
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)

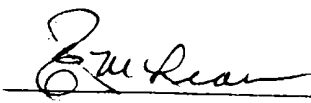
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1981, 19  
BY   
Jerry Seaton  
TITLE Dist. L. Supv.

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	GAS		
OPERATOR			
PRORATION OFFICE			

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-110  
Effective 1-1-65

I. Operator  
SUN TEXAS COMPANY  
Address  
P. O. Box 4067 Midland, Texas 79704  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire King, P.O.	Well No. 3	Pool Name, including Formation Langhorne - Matruh 1200	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C : 1280 Feet From The 489 Line and 330 Feet From The North Line of Section 1 Township 23-5 Range 01-0, 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	Address (Give address to which approved copy of this form is to be sent) Box 1511 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)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 1	Twp. 23S	Rge. 01E	Is gas actually connected? nk	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'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			

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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.

C. Engler  
Regional Operations Superintendent/West  
(Title)

SEP 12 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Orig. Signed by  
BY Jerry Sexton  
Dist. L. Supp.

TITLE \_\_\_\_\_  
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