STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRAMEPORTER	OIL		
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OPERATOR			\vdash
PROBATION CFF	HC E		

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

Form C-104 Revised 10-01-78 Formet 06-01-63 Page 1

PRAMEPORTER OIL I	e Pilyke ♥
OPERATOR DECLES	
PROMATION OFFICE AND	;
I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	, ,
Address Rasmussen	· · · · · · · · · · · · · · · · · · ·
306 W. Wall. Suite 600 Will	_
Researce) for feling (Cheek proper sex) MID and Texas 79701	4.1
Change in Transporter of:	a, i.e. 8
Change in Ownership	
Condenses Cas	1 .5
If change of ownership give name and address of previous owner Sun Exploration & Duoduction	Tipodi - v
reduction Company	100 100 Sept. 100
Lesse Name Midland Tox	as 7971
State A A A C	्य संस्थान्त
Location 1 /4 Langite Mattix Seven	Locas
Unit Letter E . 1980 Niver's queen GB State	
Line of Section 10	
Township 23S Range 36F	na propositiva e e a
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Significant Condensate Cond	Co.
Name of Authorized Transporter of OII S of Condensate	
Texas New Mexico Pipeline Co. Name of Authorized Transporter of Casinghed Gas Co or Dry Gas	4 10 44 4441
Name of Authorized Transporter of Casinghead Gas of Dry Gas El Paso Natural Gas Co Phillips 66 Natural Box 1492. Fl Paso Ty 70076 If well produces of or liquids. Unit See See See See See See See See See Se	
El Paso Natural Gas Confulips 66 Nath Box 1492, El Paso, Tx 79978 Il well produces oil or liquids. Unit Sec. Twp. Rge. Was actually connected?	10 04 14WI]
1	
I this production is commingled with that from any other lease or pool, give commingling order numbers	•.
IOTE: Complete Parts IV and V on reverse side if necessary.	
T. CERTIFICATE OF COMPLIANCE	·
OIL CONSERVATION	
heteby certify that the rules and regulations of the Oil Conservation Division have The knowledge and that the information given is the and conservation Division have The knowledge and that the information given is the and conservation Division have	
ren complied with and that the information given is true and complete to the best of providing the complete to the best of the complete to the complete to the best of the complete to the com	
	. 19
ORIGINAL SIGNED BY HERRY SEVEN	N
DENOMINAL SIGNED BY JERRY SEXTO	
TITLE DISTRICT I SUPERVISOR	
TITLE DISTRICT I SUPERVISOR This form is to be filed in compliance with	
TITLE DISTRICT I SUPERVISOR This form is to be filed in compliance with RULL (Signature) (Sig	ed or deeper
TITLE DISTRICT I SUPERVISOR This form is to be filed in compliance with RULL If this is a request for allowable for a newly drift to the form must be accompanied by a tabular drift to the form must be accompanied by a tabular drift to the form must be accompanied by a tabular drift to the form must be accompanied by a tabular drift to the form must be accompanied by a tabular drift to the first taken on the form must be accompanied by a tabular drift to the first taken on the first taken	ed or deeper
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TITLE DISTRICT I SUPERVISOR This form is to be filed in compliance with RUL. If this is a request for allowable for a newly dritt Well, this form must be accompanied by a tabulation of the form must be filled out compliance with AULE 115 All sections of this form must be filled out compliance with AULE 115 All sections of this form must be filled out completed wells. Fill out only sections 1. II. III. and VI for the well name of numbers.	tely for alle
TITLE DISTRICT I SUPERVISOR This form is to be filed in compliance with RUL. If this is a request for allowable for a newly dritt Well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well in accordance with RULE 11st taken on the well i	tely for alle
TITLE DISTRICT I SUPERVISOR This form is to be filed in compliance with RULL If this is a request for allowable for a newly drift well, this form must be accompanied by a tabulation of the form on the well in accordance with AULE 110 All sections of this form must be filled out compliance. All sections of this form must be filled out compliance.	tely for alle

Designate Type of Completi	on – (X)	OTT MeTT	Gas well	New Well	Workover	Deepen	Plug Bacs	Same Resty.	DIIL R
Data Spudged	Date Comple	Recay to P	rod.	Total Dept	<u> </u>		P.B.T.D.	<u> </u>	<u>. </u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	ucing Form	ation	Top OIL/Ga	s Pey		Tubing Depi	ih	
Pertorations				<u> </u>			Depth Casin		
		Cilaine e	7151110				Jospin Casin		; 1
HOLE SIZE	Casin	COING, C	-ASING, AN	CEMENTIN	NG RECORD)	•		
	CASING	A TUBIN	IG SIZE	 	DEPTH SE	T	SA	CKS CEMEN	T
				<u> </u>	····				1.
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	1						1		2
7. TEST DATA AND REQUEST	FOR ALLOW	ABLE σ	est must be a	Ster recovery o	of total volum	of land all			
/. TEST DATA AND REQUEST OIL WELL Date First Now Oil Run To Tanks	FOR ALLOW	ABLE (T	est must be a ble for this de				-	ual to or exce	ed top all
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	Date of Test		est must be a ble for this de	Producing M	ethod (Flow,		-	ual to or exce	<u> </u>
Length of Test			eel must be a ble for this de		ethod (Flow,		-	•	1
Date First New Oll Run Te Tanks	Date of Test		eet must be a ble for this de	Producing M	ethod (Flow,		t, eic.j	ual to or exce	1
Length of Test	Date of Test		eel must be a ble for this de	Producing M	ethod (Flow,		Choze Size		1
Length of Test Actual Prod. During Test AS WELL	Date of Test		eet must be a ble for this de	Producing M	ethod (Flow,		Choze Size		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-ength of Test Actual Prod. During Test AS WELL	Date of Test	ие	eel must be a ble for this de	Producing M	ethod (Flow,		Chose Size	• • • • • • • • • • • • • • • • • • •	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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DEC 23 1988 OCD HOBBS OFFICE

DISTRIBUTION

	SANTA FE		FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65					
	U.S.G.S. LAND OFFICE TRANSPORTER OIL	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS					
	GAS OPERATOR								
1.	PRORATION OFFICE								
		Sun Exploration & Production Co.							
	P. O. Box 1861, Midland, Texas 79702								
	Reason(s) for filing (Check proper box)								
	New We!l	Change in Transporter of: Oil Dry Ga	Name Change Only						
	Recompletion Change in Ownership	s From: Sun Oi	1 Company						
	If change of ownership give name and address of previous owner								
IJ.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including Fo	ormation Kind of Lease						
	State "A" A/C 1	,	x 7 Rvrs.Q.Gryb, State, Federal						
	Unit Letter E; 198	Feet From The North Lin	e and 660 Feet From T	he West					
	Line of Section 13 Tow	wiship 23 Range 36	, ммрм, Lea	County					
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed convert this form is a large					
	Texas New Mexico Pip		Box 1510, Midland, Te						
	Name of Authorized Transporter of Cas El Paso Natural Gas	inghead Gas 🐧 or Dry Gas	Address (Give address to which approv						
	Phillips Petroleum	Unit Sec. Twp. Rge.	Box 6666, Odessa, Tex Is gas actually connected? Whe	as					
	If well produces oil or liquids, give location of tanks.	E 13 23 36	,	11					
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:						
	Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
		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					
		THRING CASING AND	CENENTING BECARD						
	, HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
V.		OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil o	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 lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF					
	GAS WELL		T	T					
	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 COMPLIANO	CE	OIL CONSERVATION COMMISSION						
	Therefore control at the Artist Artis	andation of the Oil Co	APPROVED						
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given	APPROVED, 19						
above is true and complete to the best of my knowledge and belief.			BY						
	- 1/1		[
	() oc Am Kanb		l F	ompliance with RULE 1104.					
	(Signa	sture)	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						
Acct. Asst. II (Title)			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-						
	(Tit	(e)	able on new and recompleted wells.						

(Date)

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.

Secreta Forms C-104 must be filed for each good in multiply