DISTRIBUTION ī. II. III.

	JANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 L GAS
I.	Operation Office Operation Sun Exploration & Production Co.			
	P. O. Box 1861, Midland, Texas 79702			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	From: Sun	ge Only Oil Company
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease Name			
	Mattern	2 Arrowhead Gr	,	eral or Fee
		Feet From The South	ne andFeet Fro	m The
	Line of Section 7 To	waship 22-S Range	37-Е , _{NМРМ} , Le	a County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Ta'd Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)
	If well produces oil or liquids, Unit Sec. Twp. Page. Is gas actually connected? When give location of tanks.			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Diva Park Sans Barty Diff Park Sans Barty Day Sans Barty Day			
	Designate Type of Completion		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
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
			50, 111 301	SACKS CEMENT
V.	TEST DATA AND REQUEST FO		 fter recovery of total volume of load of pth or be for full 24 hours	vil and must be equal to or exceed top allow-
	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-Bbis.	Water - Bble.	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	CE	OIL JONES	LA 1982 COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED JAN 21 1982 . 19	
	above is true and complete to the		BY Jerry Sexion	
			TITLE Diel. 1. This form is to be filed in	n compliance with RULE 1104.
-	Acct. Asst. II		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.	
•	(Title) 1-1-82		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
•	1-1-02 (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.	

well name or number, or transporter, or other such change of condition.

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