

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Sun Exploration & Production Co.

Address
P.O.Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) % Test Allocations to Paddock 30% Oil 75% Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott B-12	Well No. 1	Pool Name, including Formation Paddock	Kind of Lease State, Federal or Fee Federal	Lease No. NMO32369
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>22-S</u> Range <u>37-E</u> , 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"/> Sun Refining & Marketing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2039, Tulsa, Oklahoma, 74102
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3109, Midland, Texas 79702
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>20</u> Twp. <u>21S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: DHC - 634

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Maria L. Perez
(Signature)
Associate Accountant
(Title)
6/3/87
(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 15 1987, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 multiply completed wells.

IV. COMPLETION DATA

Commingle Paddock & San Andres

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/2/87	Workover	Date Compl. Ready to Prod. 3/5/87		Total Depth 5210		P.B.T.D. 5200			
Elevations (DF, RKB, RT, GR, etc.) 3858 DF		Name of Producing Formation Paddock		Top Oil/Gas Pay 4124		Tubing Depth 5100			
Perforations 4124-4220 (San Andres)		5008-5210 (Paddock)				Depth Casing Shoe 5100			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½		13-3/8		163					
12½		9-5/8		2804					
7-7/8		7		5151					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3/5/87	Date of Test 3/29/87	Producing Method (Flow, pump, gas lift, etc.) Pump 1½	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 11	Gas - MCF 79

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

	%	Oil BBl's	%	Gas-MCF
San Andres	70%	18	27%	21
Paddock Pool	30%	7	73%	58

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