DISTRIBUTION			
SANTA FE		L CONSERVATION CON SION	Form C-104
FILE	— KEGUE	ST FOR ALLOWABLE . AND	Superseder Old C+104 and C Effective (+1-55
J.S.G.S.	AUTHORIZATION TO	TRANSPORT OIL AND NATURAL	· · · ·
LAND OFFICE	- ; - ;	The second second	. 943
TRANSPORTER OIL GAS			
OPERATOR			
PROPATION OFFICE			
Sun Exploratio	n & Production Co.		
P. O. Box 1861	, Midland, Texas 79702		
Reason(s) for filing (Check prop	er box)	Other (Please explain)	
New Well	Change in Fransporter of:	- Name Chang	e Only
Recompletion Change in Ownership			Oil Company
If change of ownership give n and address of previous owne	ame		
DESCRIPTION OF WELL	AND LEASE. Well No. Pool Name, Inc. val		
E.W. Walden		17 Formation Kind of Lea	Datantad
Location Unit Letter ();	660 5 5 5 70 nonth	1000	
Line of Section 15	660 Feet From The North Township 22-S Panae	27 5	102
DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL		Lea County
Name of Authorized Transporter	of Cil 🔀 or Condensate	Address (Give address to which app	roved copy of this form is to be sent;
Shell Pipeline Corp	of Casinghead Gas X or Dry Gas ==	Adaress (Give address to which app	1, Texas 79701 roved copy of this form is to be sent;
Getty Oil Company		Eunice, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		hen
If this production is commingle COMPLETION DATA	ed with that from any other lease or po		
Designate Type of Com	pletion — (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Rest
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
		Total Dept	P.B.T.D.
Elevations (DF, RKB, RT, GR,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, A	AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUES	T FOR ALLOWABLE (Test must h	e after recovery of total volume of load of	l and must be seen law
OIL WELL Date First New Oil Run To Tank	able for this	depin of be for full 24 hours)	
Date right New Oil Hun To Tank	Date of Test	Producing Method (Flow, pump, gas	uft, etc.,
Length of Test	Tubing Pressure	Casing Pressure	Choxe Size
Actual Prod. During Test	Oil-Bhis.	1	
	0.1-35.8.	Water-Bols.	Gas - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPL	IANCE	OIL CONSERV	ATION COMMISSION
			4: 6
hereby certify that the rules	and regulations of the Oil Conservatio	n APPROVED	1982, 19
-Ommission have been commi	ed with and that the information give the best of my knowledge and belief		ر فقال
	my knowledge and offici	" °	013

VI.

Dies L Sugar TITLE __ This form is to be filed in compliance with RULE 1104.

(Signature)

(Title)

(Date)

Accounting Assistant II

January 1, 1982

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.

Fift out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Second Forms C-104 must be filed for each and in multiply

DISTRIBUTION NEW MEXICO OIL CONSERVATION COME Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 TILE Effective 1-1-55 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE SUN OIL COMPANY Box 1861, Midland, TX 79702 Reason(s) for filing (Check proper box) Other (Please explain) Recompletion CII Dry Gas Change in Ownership X If change of ownership give name SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX and address of previous owner ______ SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX II. DESCRIPTION OF WELL AND LEASE | Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Patented E. W. Walden 2 Penrose-Skelly-Grayburg 660 Feet From The North Line and 1980 Unit Letter___C West Township 22-S 37-E Range , NMPM, Lea County Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Corporation P.O. Box 1509-Midland, TX 79701. Address (Give address to which approved copy of this form is to be sent) ead Gas 🔀 Getty Oil Company Eunice, NM If well produces oil or liquids, give location of tanks. When Is gas actually connected? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Cil Well Gas Well Plug Back Same Res'v. Diff. Res'v Designate Type of Completion - (X) Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oli/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE 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) 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 Preseure Choze Size Actual Prod. During Test Cil-Shis. Water-Bbls. Gas - MCF GAS WELL Actual Prod. Test-MCF/D Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Chore Stre VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED_ 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. TITLE. This form is to be filed in compliance with RULE 1104.

(Signature)

(Title)

(Date)

Production/Proration Supervisor

<u>July 1, 1981</u>

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Sanarata Forms C-104 must be filed for each and in millions

Supersedes Old C-104 and C-1, Effective 1-1-65 SANTA FE REQUEST FOR ALLOWABLE FILE AND U.5.G.5. AUTHURIZATION TO TRANSPORT OIL AND NILLURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator SUN TEXAS COMPANY Address P. O. Box 4067 Reason(s) for filing (Check proper box) Midland, Texas Other (Please explain) New Well Change in Transporter of: Recompletion 011 Dry Gas Condensate Change in Cwnership X Casinghead Gas If change of ownership give name TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX, and address of previous DESCRIPTION OF WELL AND LEASE | Well No. Pool Name, Including Formation Kind of Lease Lease No. Federal or Fee Patented encose 660 Tracto Range 37-6 Township Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil

tien Selas 19101 his form is to be sent) 1509-Midlard, Sec. Twp. P.ge. If well produces oil or liquids, :37 22 If this production is commingled with that from any other lease or pool, give commingling order numbers **COMPLETION DATA** Same Res'v. Diff. Res'v. Oil Well Gas Well New Well Workover Deepen Plug Back Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks

Chaing Fressure

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

Water - Bbis.

Length of Test Actual Prod. During Test Cil-Bbls. GAS WELL
Actual Prod. Test-MCF/D Length of Test Testing Method (pitot, back pr.) Tubing Pressure (Ehut-in) 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. Regional Operations Superintendent/West (Title) SEP 1 2 1980 (Date)

Tubing Pressure

OIL CONSERVATION COMMISSION

Choke Size

Gas - MCF

Choke Size

Gravity of Condensate

APPROVED_		, 19
BY	this Mared by	
-	30.00 1.00 444	
TITLE	Lite Live	

This form is to be filed in compliance with RULE 1104.

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