	DISTRIBUTION JANTA FE		CONSERVATION CO. SION T FOR ALLOWABLE AND	Form C+104 Superseaes Old C+104 and C+11 Effective 1+1-55			
	J.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	AUTHORIZATION TO TO	RANSPORT OIL AND NATURA	-			
1.	Operation OFFICE						
	Sun Exploration & Production Co.						
	Address P. O. Box 1861, Midland, Texas 79702						
	Reason(s) for filing (Check proper b)		Other (Please explain)				
		Change in Fransporter of: Oil Ory -	Name Chang	ge Only			
	Change in Ownership Casinahead Gas Condensate From: Sun Oil Company						
	if change of ownership give name and address of previous owner						
И.	DESCRIPTION OF WELL ANI						
	Lease Name	Weil No. Huo. Name, Including	Traine of Es				
	E.W. Walden	1 Penrose Skel	ly Grayburg State, Fed	eral or Fee Patented			
	Unit Letter D :;	660 Feet From The north	ite and 660 Seet Fro	The block			
				mine west			
	.			Lea County			
111.	Name of Authorized Transporter of O	TER OF OIL AND NATURAL G	As	proved copy of this form is to be sent;			
	Shell Pipeline Corp.		P.O. Box 1509 Midla	and Toxas			
	Getty Oil Company	asinghead 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, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected?						
l		ith that from any other lease or pool					
IV.	COMPLETION DATA						
	Designate Type of Completi	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded .	Date Compi, Ready to Prod.	Total Depth	P.B.T.D.			
ŀ	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	The Day			
-	Perforations			Tubing Depth			
				Depth Casing Shoe			
╞	HOLESIZE	TUBING, CASING, AN	D CEMENTING RECORD				
þ		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
-							
[-							
V. 7	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this d	after recovery of total volume of load of enth or be for full 24 hours)	il and must be equal to or exceed top allow-			
Ī	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	jan 14 Aburs)			
F	Length of Test	Tubing Pressure	Casing Pressure				
_			Costil Piessue	Chore Size			
	Actual Prod. During Test	Oll.Bbls.	Water - Bola.	Gas-MCF			
_							
	Actual Prod. Test-MCF/D	Longth of Test	Bbls. Concensate/MMCF				
			Bbis. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cheke Size			
VI. C	ERTIFICATE OF COMPLIANO	CE	OIL CONSERV	ATION COMMISSION			
I	hereby certify that the sules and -						
-	hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		APPROVED, 19				
		ouse of my knowledge and bener.	BY Orig. Signed By Jerry Sentea				
	DA VI		Dist 1, 5				
	+uttm temp		If this is a request for allor	compliance with RULE 1104. wable for a newly drilled or deepened			
A	ccounting Assistant II	(we)	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 allow- able on new and recompleted wells.				
	(Titl	e)					
<i>نلد</i>	anuary 1, 1982 (Dat	e j	Fill out only Sections I I	I. III, and VI for changes of owner, er, or other such change of condition.			
	÷		Senarate Forme C-104 mile	ter, or other such change of condition.			

DISTRIBUT	10N	NEW MEXICO OIL CO RECUEST (DISERVATION COME ION FOR ALLOWABLE AND	Form C-104 Superseaes Old C-104 and C-11 Effective 1-1-55			
J.S.G.S.	· · · · · · · · · · · · · · · · · · ·	AUTHORIZATION TO TRA	NSPORT OIL AND NATUR	AL GAS			
TRANSPORTER							
OPERATOR PROPATION O	FFICE	-		×			
Cperator	<u></u>	· · · · · · · · · · · · · · · · · · ·	······································				
Address							
	P.O. Box 1861, Midland, TX 79702 ason(s) for filing (Check proper box) Other (Please explain)						
New Well Recompletion		Change in Transporter of: Oil Dry Gas	3				
Change in Owners	hipX	Casinghead Gas Conden	sate				
If change of own and address of pi		SUN TEXAS COMPANY, P.O.	Box 4067, Midland,	TX 79704			
I. DESCRIPTION	OF WELL AND						
Lease Name E. W. Wal	den	Well No. Pool Name, Including Fo 1 Penrose Skelly		Lease Lease No. Federal or Fee Patented			
Location	D . 660	Feet From The North	e opt 660 Feet				
Unit Letter							
Line of Section	<u>,, , , , , , , , , , , , , , , , , , ,</u>	vnshtp 22-S Pange	37-Е , ммрм,	Lea County			
	OF TRANSPORT ed Transporter of Oil	Image: Second state state Image: Second state	S Address (Give address to which	approved copy of this form is to be sent)			
	eline Corpora		P.O. Box 1509, Mid	approved copy of this form is to be sent			
Getty Oil			Eunice, NM				
If well produces of give location of t		Unit Sec. Twp. Rge. D 15 22 37	Is gas actually connected?	When I			
		th that from any other lease or pool,	give commingling order numbe	r:			
V. COMPLETION	DATA Cype of Completic	Gil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v.			
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Elevations (DF, 1	RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
		· · · · · · · · · · · · · · · · · · ·					
	Perforations Depth Casing Shoe						
ноц	ESIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT			
V. TEST DATA A	ND REQUEST F	OR ALLOWABLE (Test must be a	jter recovery of total volume of lo	ad oil and must be equal to or exceed top allou			
OIL WELL Date First New C	11 Aun To Tanks	able for this de Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump,	· · ·			
Length of Test		Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. Duri	ing Test	Oil-ābla.	Water-Bbls.	Gas • MCF			
CAS WELL	GAS WELL						
Actual Prod. Tes	N-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Testing Method (• pitot, back pr.)	Tubing Pressure (Sant-in)	Casing Pressure (Shut-in)	Choke Size			
	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.			ZZ 1981			
Commission hav			APPROVED				
				ed in compliance with RULE 1104.			
Other - If this is a request				r allowable for a newly drilled or deepene- companied by a tabulation of the deviatio			
Production/Proration Supervisor tests taken on the well in accordance with RULE 111			accordence with RULE 111.				
July 1, 1981 Fill out only Section				a I, II, III, and VI for changes of owner			
	(Da	3(e)	well name or number, or tra	nsporter, or other such change of condition			
		•					
	•	· · ·					

SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1			
FILE U.S.G.S. LAND OFFICE	AUTHORIZATION TO TH	AND RANSPORT OIL AND NATURA	Effective 1-1-65			
IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator						
SUN TEXAS	COMPANY					
P. 0. Box 4067 Midland, Texas 79704						
Reason(s) for filing (Check proper b New Wall	ox) Change in Transporter of:	Other (Please explain)	· · · · · · · · · · · · · · · · · · ·			
Recompletion	OII Dry (
Change in Ownership X		lensate				
and address of previous owner DESCRIPTION OF WELL AN		PANY, INC. P. O. Box 4	067 Midland, TX, 79704			
Legse Name	Well No. Pool Name, Including		ease Lease No.			
Unit Letter;	60 Feet From The <u>MORTH</u> L	ine and Feet Fro	om The Julest			
Line of Section 15 T	ownship 22-5 Range	37-E, NMPM,	Sea County			
DESIGNATION OF TRANSPOL Neme of Authorized Transporter of C	TER OF OIL AND NATURAL G		proved copy of this form is to be sent)			
Shell Pipeline C	propartien	P.O. Ber 1509-Mid	Lard, Sectar 79701 proved copy of this form is to be sent)			
Sketty Oil Compa	Unit Sec. Twp. Ege.	Julsa, Oklahor	ma Eunice, new Marties			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. D 15 22 37	is gas actually connected?	When			
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	ę			
Designate Type of Complet	on - (X)	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 Cil/Gas Pay	Tubing Depth			
Perforations]	Depth Casing Shoe			
	TUBING, CASING, AN	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
TEST DATA AND REQUEST F		fter recovery of total volume of load of opth or be for full 24 hours)	il 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	Cil-Bbis.	Water-Bbis.	Gas - MCF			
	<u> </u>					
GAS WELL Actual Prod. Test-MCF/D	Length of Teat	Bbls. Condensate/MMCF	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Fiessure (Shut-in)	Choke Size			
CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION			
haraby partify that the rules and a	egulations of the Oil Conservation	APPROVED				
Commission have been complied w	vith and that the information given best of my knowledge and belief.	BY	. izi			
		TITLE	1. e. f. 178			
C.E.	slym-	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 allow- able 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 filled for each pool in multiply				
	ms Superintendent/West					
(Tit						
(Da						
		-company	• • • • • • • • • • • • • • • • •			