

| | |
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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-55

I.

| | |
|---|---|
| Operator SUN OIL COMPANY | |
| Address P.O. Box 1861, Midland, TX 79702 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name and address of previous owner SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|----------------------------|------------------|--|--|-----------------------|------------|
| Lease Name E. W. Walden | Well No. 3 | Pool Name, including Formation Tubb-Gas | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location | | | | | |
| Unit Letter C | 660 | Feet From The North | Line and 1830 | Feet From The West | |
| Line of Section 15 | Township 22-S | Range 37-E | , 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"/> Shell | Address (Give address to which approved copy of this form is to be sent) Eunice, NM | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas | Address (Give address to which approved copy of this form is to be sent) 2223 Dodge St, Omaha, Nebraska | | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 15 | Twp. 22 | Rge. 37 | Is gas actually connected? When |

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

IV. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | 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 | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

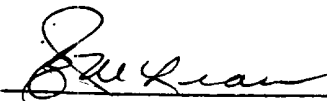
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 |

VI. 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.


(Signature)
Production/Proration Supervisor
(Title)
July 1, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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 deviator tests taken on the well in accordance with RULE 1111.

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 multiple

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I.

| | |
|---|---|
| Operator SUN OIL COMPANY | |
| Address P.O. Box 1861, Midland, TX 79702 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name and address of previous owner SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------|----------------------|--|--|---------------------------|
| Lease Name E. W. Walden | Well No. 3 | Pool Name, including Formation Blinebry Oil & Gas | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter <u>C</u> | <u>660</u> | Feet From The <u>North</u> | Line and <u>1830</u> | Feet From The <u>West</u> |
| Line of Section <u>15</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"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| Shell | Eunice, NM | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| Northern Natural Gas | Box 2223, Dodge St, Omaha, Nebraska | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. |
| | C | 15 | 22 | 37 |
| Is gas actually connected? | When | | | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|--------------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | 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 | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

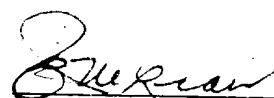
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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

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.


(Signature)
Production/Proration Supervisor
(Title)
July 1, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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 multiple

| | | |
|-----------------|--|--|
| COPIES RECEIVED | | |
| CONTRIBUTION | | |
| FEE | | |
| | | |
| S.G.S. | | |
| LAND OFFICE | | |
| OPERATOR | | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

| | |
|---|------------------------------|
| 5a. Indicate Type of Lease | |
| State <input type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. NMR 458 | |

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

| | | |
|--|--|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. Unit Agreement Name |
| 2. Name of Operator Sun Texas Company | | 8. Farm or Lease Name E. W. Walden |
| 3. Address of Operator P. O. Box 4067, Midland, Texas 79704 | | 9. Well No. 3 |
| 4. Location of Well UNIT LETTER C 660 FEET FROM THE north LINE AND 1830 FEET FROM THE west LINE, SECTION 15 TOWNSHIP 22-S RANGE 37-E NMPM. | | 10. Field and Pool, or Wildcat Tubb Gas |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3403' GR | | 12. County Lea |

| | |
|--|--|
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data | |
| <p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER Run Pressure Survey 5-13-81 <input checked="" type="checkbox"/></p> | <p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p> |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On March 2, 1981, all pipe was checked except surface pipe. Surface pipe was checked on 5-13-81 by Eddie Sey. Cement was circulated to surface. No water flow.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Elmer Tull TITLE Senior Foreman DATE 5-13-81

APPROVED BY Eddie Sey TITLE INSPECTOR DATE 5-13-81

CONDITIONS OF APPROVAL, IF ANY: