g or cores						
DISTRIBUTION	NEW MEXICO OI	L CONSERVATION COM. SION				
SANTA FE	Form C-104 Supersedes Old C-104 and C-					
J.S.G.S.	AUTUODIZATION TO	AND Effective 1-1-65				
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
TRANSPORTER GAS						
OPERATOR PROPATION OFFICE						
Operator						
Address	& Production Co.					
Reason(s) for filing (Check proper	Midland, Texas 79702					
New Well	Change in Transporter of:	Other (Please explain)				
Recompletion Change in Ownership	Oil Dry	Name Char From: Sur	nge Only n Oil Company			
If change of ownership give name and address of previous owner	ne					
I. DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including	C Formation				
E.W. Walden	4 Drinkard		Lease No.			
Location Unit Letter C ;	660 Feet From The North					
Line of Section 15	Township 22-S Range		ea			
. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL		County			
Traine of Mathorized Transporter of	or Condensate	Address (Give address to which ap	oproved copy of this form is to be sent)			
Shell Pipeline Co	Mpany Casinghead Gas X or Dry Gas	P.O. Box 2648, Hot	uston, Jexas 77001			
El Paso Natural G		Ja1, NM 88250	oproved copy of this form is to be sent)			
If well produces oil or liquids,	Unit Sec. Twp. Pige.	Is gas actually connected?	When			
give location of tanks.	C 15 22-S 37-		3-4-78			
If this production is commingled COMPLETION DATA	with that from any other lease or poo	ol, give commingling order number:				
Designate Type of Comple	etion - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv			
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			
	TURING CASING AS	ND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				
		JCI TH JCI	SACKS CEMENT			
TEST DATA AND REQUEST OIL WELL		after recovery of total volume of load o	oil and must be equal to or exceed top allow			
OIL WELL able 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-Bbis.	Water - Bbls.	Gda-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			
CERTIFICATE OF COMPLIA	NCF	1				
O COME LIM	IOL	OIL CONSERV	ATION COMMISSION			
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED JAN A	130 4			

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(bienasure) Acct. Asst. II

(Title)

1-1-82

(Date)

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

Orig. Signed by Jerry Sexton Pist L Suga

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.

	OISTRIBUTION JANTA FE FILE J.S.G.S.	HEW MEXICO OIL REQUEST AUTHORIZATION TO TR	FOR ALL AND	OWABLE	Form C-104 Superredes Old C-104 and C- Effective (-)-65	
1.	OPERATOR GAS OPERATOR PRORATION OFFICE Operator					
	Sun Exploration & Production Co.					
	<u>L</u>	idland, Texas 79702				
	Reason(s) for filing (Check proper bo New Well Recompletion Change in Ownership	Change in Franscorter of: Oil Dry G		Other (Please explain) Name Change From: Sun O		
	If change of ownership give name and address of previous owner		•			
11	. DESCRIPTION OF WELL AND	LEASE				
	E.W. Walden	Well No. Pool Name, including to Tubb-Gas	Formation	Kind of Lease State, Federa	_=93 - c.	
	Unit Letter C : 6	60 Feet From The north Li	ne and	2130 Feet From 1	The West	
	Line of Section 15 To	ownship 22 Range	37	, NMPM, Le	d County	
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G.				
	Shell Name of Authorized Transporter of Casinghead Gus T or Dry Gas		P.O. B	Sox 1509. Midland	Texas yed copy of this form is to be sent; text of this form is to be sent;	
	Northern Natural Gas	Unit Sec. Twp. P.ge.	2130	N. Hwy 83, Liber	al, Kansas	
	If well produces oil or liquids, give location of tanks.	C 15 22 37			<u> </u>	
IV.	If this production is commingled win COMPLETION DATA	ith that from any other lease or pool,	give commi	ngling order number:		
	Designate Type of Completi	on - (X)	New Weil	Workover Deepen	Plug Back Same Resty, Diff. Resty	
	Date Spudded	Date Compl. Ready to Prod.	Total Depti	h.	P.S.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Preducing Formation	Top Cil/Go	ss Pay	Tubing Depth	
	Perforations				Depth Casing Shoe	
		TUBING, CASING, AN	D CEMENTI	NG RECORD		
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT	
			1			
ν.	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 denth 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 Pres	ssure	Choxe Size	
	Actual Prod. During Test	O:1 - 3b1s.	Water - Bols		Gas-MCF	
[GAS WELL Actual Prod. Test-MCF/D	Length of Test	I Bb's Cond	enegte/MMCF		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Gravity of Condensate	
			Casing Pres	sure (Shuc-in)	Choke Size	
	CERTIFICATE OF COMPLIANCE		APPROV	- 1 110 10 10 10 10 10 10 10 10 10 10 10 10 	TION COMMISSION	
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.			BY	Ong. Signed	, 19	
			TITLE_	retail Sand		

VI.

Accounting Assistant II

January 1, 1982

(Title)

(Date)

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 weils.

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.

Senerate Forms C-104 must be filed for each soul in multiple

and the contract of the contra	,		
DISTRIBUTION			
ANTA FE	NEW MEXICO OI	L CONSERVATION COMM. HON	Form C-104
FILE	REGUE	ST FOR ALLOWABLE	Supersedes Old C-104 and (
J.S.G.S.	ALITHOPIZATION #2	AND	Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO	FRANSFORT OIL AND NATURA	AL GAS
I DANIE BODD			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			·
Operator			
SUN OIL COMPANY			
P.O. Box 1861, Midla	nd, TX 79702		
Reason(s) for filing (Check proper be		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion		∕ Gas	
Change in Ownership	Casinahead Gas Co	ndensate	
and address of previous owner	SUN TEXAS COMPANY, P.	O. Box 4067, Midland, T	X 79704
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, includin	Formation Kind of L	
E. W. Walden	4 Drinkard	1	deral or Fee Fee
Unit Letter C ; 60	60 Feet From The North	Line and 2130 Feet Fr	cm TheWest
	ownship 22+S Range	37-Е , ммрм,	Lea County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL	GAS	,
Name of Authorized Transporter of Or Shell Pipeline Compar		P.O. Box 2648-Housto	proved copy of this form is to be sent)
Name of Authorized Transporter of Co	asinghead Gas 🗶 or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)
El Paso Natural Gas (Company	Jal, NM 88250	
If well produces oil or liquids,	Unit Sec. Twp. Ege.		When
give location of tanks.	C 15 22-S 37-1		3-4-78
If this production is commingled we COMPLETION DATA	ith that from any other lease or poo	1, give commingling order number:	3-4-78
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		
	Date Compt. Neddy to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	None of G		
(br, RRB, RI, GR, etc.,	Name of Producing Formation	Top OH/Gas Pay	Tubing Depth
Perforations		!	
renordrons			Depth Casing Shoe
	TUBING, CASING, A	NO CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			33.00
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be	Offer recovery of ental and a state of	
OIL WELL	able for this i	lepth 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
			5.125
Actual Prod. During Test	Cil-Bbis.	Water - Bbls.	Gas-MCF
TAC WELL			
GAS WELL Actual Prod. Test-MCF/D	1, 2222 - 6 7		
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANC			
	· E	OIL CONSERV	ATION COMMISSION
Name of the second		# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
USTEDY Certify that the sules and	coulations of the Oil Consulting	H APPROVED TO SEE SEE	JU 1
hereby certify that the rules and re ommission have been complied wi	ith and that the information	Manage 1	

ove is true and complete to the best of my knowledge and belief.

(Signature) Production/Proration Supervisor

(Date)

(Title)

July 1, 1981

	11 7 12 0 HIM	
APPROVED.	1301 22 1981	19
BY.	All Maries D	, ,
	And the state of t	

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.

Senerate Forms C-104 must be filled for each pool in multiple

DISTRIBUTION NEW MEXICO OIL CONSERVATION COM ION LANTA FF REQUEST FOR ALLOWABLE Superseaes Old Collid and Colli TILE Effective 1-1-65 GNA J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER OPERATOR PROBATION OFFICE Operator SUN OIL COMPANY P.O. Box 1861, Midland, TX 79702 Reason(s) for filing (Check proper bax) Other (Please explain) Change in Transporter of: Recompletion Cil Change in Ownership X Casinghead Gas Condensate If change of ownership give name SUN TEXAS COMPANY, P.O. Box 4067, Midland, II. DESCRIPTION OF WELL AND LEASE. Pool Name, Including Formation Legge No. E. W. Walden 4 Tubb-Gas State, Federal or Fee Fee Location _Line and _ 2130 . C Feet From The North 660 West Feet From The 15 22 37 Line of Section Lea Township Range Address (Give address to which approved copy of this form is to be sent) Shell P.O. Box 1509, Midland, TX Name of Authorized Transporter of Castinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Northern Natural Gas 2130 N. Hwy. 83, Liberal, Kansas Unit Is gas actually connected? If well produces oil or liquids, give location of tanks. 22 С 15 37 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Cil Weil Gas Well New Well Workover Deepen Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded 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 TUZING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET 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 Choke Size Actual Prod. During Test Cil-Sbis. Water - Bbls. Gas-MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressurs (Shut-in) Testing Method (pitot, back pr.) Cosing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION I hereby certify that the rules and regulations of the Oil Conservation APPROVED_ _, 19 ... Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. 1. 1 80 5 h TITLE .

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

(Signature)

(Title)

(Date)

Production/Proration Supervisor

<u>July 1,</u> 1981

If this is a request for silowable for a newly drilled or despended 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 cendition