STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION SANTA PE			T	•
		1		
FILE		1		
U.8.G.8.		1	-	
LAND OFFICE		1-		
TRANSPORTER	OIL			1
	DAB	1		1
OPERATOR	ENATON			
PROBATION OFFICE				

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TITLE DISTRICT I SUPERVISOR 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.		SPORT OIL AND NATURAL GAS		
See	Operator			
See	John H. Hendrix Corporation			
Research; for filing (Cheek proper box) New Voil Recompletion Change in Transporter of: Change in Transporter of: Change in Other (Pirane explain) Change in Ownership Change in Transporter of: Change in	Address			
Research; for filing (Cheek proper box) New Voil Recompletion Change in Transporter of: Change in Transporter of: Change in Other (Pirane explain) Change in Ownership Change in Transporter of: Change in	525 Midland Tower, Midland, Texas 79701			
Recompletion Gil Cosingness Control Cosingness Gas Condensate EFFECTIVE 12/1/85 If change of connership give name American International Energy Corp. 5701 Moodway. Suite 333. Houston. TX and address of previous owners American International Energy Corp. 5701 Moodway. Suite 333. Houston. TX 77057 II. DESCRIPTION OF WELL AND LEASE 77057 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Captinghood Gas 77057 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Captinghood Gas 77057 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Captinghood Gas 77057 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Captinghood Gas 77057 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Captinghood Gas 77057 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Captinghood Gas 77057 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Notes of Authorized Transporter of Captinghood Gas 77057 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Notes of Authorized Transporter of Oil And Natural Gas Address (Give audress to walch approved copy of this form 1: 10 be sent/ Address (Give audress to walch approved copy of this form 1: 10 be sent/ Address (Give audress to walch approved copy of this form 1: 10 be sent/ Address (Give audress to walch approved copy of this form 1: 10 be sent/ Address (Give audress to walch approved copy of this form 1: 10 be sent/ III. This form is to be filled in compliance with Aug. 1:104. III. This form is to be filled in compliance with Aug. 1:104. All section	Reason(s) for filing (Check proper box)	Other (Please explain)		
Connected to the second of the	New Well Change in Transporter of:			
It change of ownership give name American International Suproy Corp. 5701 Woodway, Suite 333, Houston, TY. 77057 II. DISSCRIPTION OF WELL AND LEASE Leves Name Medical M				
If the end address of previous owner American International Energy Corp. 5701 Woodway, Suite 333, Houston, TY 77057 Lense Name Lense Name F.M. Walden 6 Fumont Yames 7 Dury Olden Unit Later D 810 Feet From The North Line and Scale Toward Country Unit Later D 810 Feet From The North Line and Scale Toward Country Unit Later D 810 Feet From The North Line and Scale Toward Country Unit Later D 810 Feet From The North Line and Scale Toward Country Unit Later D 810 Feet From The North Line and Scale Toward Country Unit Later D 810 Feet From The North Line and Scale Toward Country Unit Later D 810 Feet From The North Line and Scale Toward Country Unit Later D 810 Feet From The North Line and Scale Toward Country III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cili Country Add Country	Change in Ownership Casinghead Gas	Condensate EFFECTIVE 12/1/85		
IL DESCRIPTION OF NEIL AND LEASE Leane Name Act No. Foot Plane Act No. Foot Plane Including Plane No. No. No. Poot Plane No.				
Local No. Poor Jone Including State Face Fee Local No. Feet From The Local No. Loc				
Unit Letter D 810 Feet From The North Line 213 6EG Feet From The Most Line of Section 15 Township 22-S Banne 37-E NAPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of Strate Strate Gate address to which approved copy of this form is to be sent) Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead Gas of City 345 75 Rome of Authorized Transporter of Capinahead City 45 75 Rome of Authorized Transporter of Capinahead City 45 75 Rome of Authorized Transporter of Capinahead City 45 75 Rome of Authorized Transporter of Capinahead City 45 75 Rome of Authorized Transporter of Capinahead City 45 75 Rome of Authorized Transporter of Capinahead City 45 75 Rome of Authorized Transporter of Capinahead City 45 75 Rome of Authorized Transporter of Capinahead City 45 75 Rome of Authorized Transporter of Capinahead City 45 75 Rome of Authorized Transporter of Capinahead City 45 75 Rome of Authorized Transporter of Capinahead City 4	Lense Name Heil No. Poor Name, including	Examption Kind of Lease Lease No.		
Unit Letter D 810 Feet From The NORTH Line sto 660 Feet From The Mest Line of Section 15 Township 22-S Bange 37-E NNPM PA County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorised Transporter of Oil or Condensate Address Give address to which approved copy of this form is to be rent/ Soft None None None of Authorised Transporter of Oil or Condensate or City 34 Address Give address to which approved copy of this form is to be rent/ Soft New Mexico II well produces oil or liquids, Only Sec. Twp. 1946. If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Thereby 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. OIL CONSERVATION DIVISION APPROVED DEC 2 0 1985 This form is to be filled in compliance with MULE 1104. If this form must be accompanied by a stabulation of the deviation. Signature) Production Clerk (Signature) Production Clerk (Signature) Production Clerk (Signature) Production of the feet of the seventions of the Oil Conservation Division have been complied by the stable on the well in accordance with MULE 1104. If this form must be accompanied by a stabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allowable on new and recomplicated wells. Fill out only Sections I. II. III, and VI for changes of owner, or transporter, or there sections of owner, or transporter, or there seed wells.		7 Ryrs Dipen State, Federal or Fee Fee		
Unite of Section 15 Township 22-S Hanne 37-E NNFM. p.a. Country III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Oil or Concensate Address (Give address to which approved copy of this form is to be sent) None None Address (Give address to which approved copy of this form is to be sent)		A		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cli	Unit Letter U : 810 Feet From The North L.	ne dra 660 Feet From The Wast		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cli	15 To 15 To 15			
None of Authorized Transporter of Cli or Condensate None None Address (Give address to which approved copy of this form is to be sent) None Address (Give address to which approved copy of this form is to be sent) Rox 1137. Funice. New Mexico If well products of itsuids, and that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certury that the information given is true and complete to the best of my knowledge and belief. Production Clerk (Title) 12/16/85 (Date) Address (Give address to which approved copy of this form is to be sent) Rox 1137. Funice. New Mexico Note: Complete Parts IV and V on reverse side if necessary. Cil Conservation Division Approved Note: Sent 137. Funice, New Mexico Note: Complete Parts IV and V on reverse side if necessary. Cil Conservation Division Approved This form is to be filed in complisance with Approved copy of this form is to be sent) Rox 1137. Funice, New Mexico Weel Tourise of Complete Parts IV and V on reverse side if necessary. Cil Conservation Division Approved This form is to be filed in complisance with Approved copy of this form is to be filed in complisance with Approved copy of this form is to be filed in complisance with Approved copy of this form is to be filed in complisance with Approved copy of this form is to be filed in complisance with Approved copy of this form is to be filed out completely for allowed the complete of this form must be filled out completely for allowed approved copy of this form is to be filed out completely for allowed the complete of the compl	Line of Section 13 Idwhanip ZZ-5 Hange	3/-E , NMPM, Lea County		
None of Authorized Transporter of Cli or Condensate None None Address (Give address to which approved copy of this form is to be sent) None Address (Give address to which approved copy of this form is to be sent) Rox 1137. Funice. New Mexico If well products of itsuids, and that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certury that the information given is true and complete to the best of my knowledge and belief. Production Clerk (Title) 12/16/85 (Date) Address (Give address to which approved copy of this form is to be sent) Rox 1137. Funice. New Mexico Note: Complete Parts IV and V on reverse side if necessary. Cil Conservation Division Approved Note: Sent 137. Funice, New Mexico Note: Complete Parts IV and V on reverse side if necessary. Cil Conservation Division Approved This form is to be filed in complisance with Approved copy of this form is to be sent) Rox 1137. Funice, New Mexico Weel Tourise of Complete Parts IV and V on reverse side if necessary. Cil Conservation Division Approved This form is to be filed in complisance with Approved copy of this form is to be filed in complisance with Approved copy of this form is to be filed in complisance with Approved copy of this form is to be filed in complisance with Approved copy of this form is to be filed in complisance with Approved copy of this form is to be filed out completely for allowed the complete of this form must be filled out completely for allowed approved copy of this form is to be filed out completely for allowed the complete of the compl	III. DESIGNATION OF TRANSPORTER OF OU AND NATURA	1.010		
None	Name of Authorized Transporter of Cit or Condensate	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or itquids, give iccation of tones. If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certury 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. Production Clerk (Signature) Production Clerk (Title) 12/16/85 (Date) Page of this form must be secompanied by a tabulation of the deviation on the well in accordance with RULE 11104. 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.	None			
If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: 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. APPROVED SIGNED BY IPPRY SENTON	Name of Authorized Transporter of Casinghead Gas or Dry Gas Att	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, que lease or pool, give commingling order number: 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. Production Clerk (Signature) Production Clerk (Title) 12/16/85 (Date) Twp. (cqe. Is questioned year and comming order number: When Cil CONSERVATION DIVISION DEC 2 0 1985 APPROVED PROVED 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 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.	The state of the s	Box 1137. Funice New Mexico		
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. BY INAL SIGNED BY INTRY SENTON TITLE DESTRICT I SUPERVISOR This form is to be filled 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.	,	is cas actually connected? When		
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. BY INAL SIGNED BY INTRY SENTON TITLE DESTRICT I SUPERVISOR This form is to be filled 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.	If this production is commingled with that from any other lease or pool,	give commingling order number:		
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. BY				
been complied with and that the information given is true and complete to the best of my knowledge and belief. BY	Companies of the West Companies of the C	8		
been complied with and that the information given is true and complete to the best of my knowledge and belief. BY	VI. CERTIFICATE OF COMPLIANCE	CIL CONSERVATION DIVISION		
been complied with and that the information given is true and complete to the best of my knowledge and belief. BY	Thereby certify that the rules and regulations of the Oil Conception Division in a DEC 2 0 1985			
TITLE DISTRICT I SUPERVISOR 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.	been complied with and that the information given is true and complete to the best of	, 19		
This form is to be filed in compliance with RULE 1104. (Signature) Production Clerk (Title) 12/16/85 (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 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.	my knowledge and belief.			
This form is to be filed in compliance with RULE 1104. [Signature] Production Clerk (Title) 12/16/85 (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 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.		DISTRICT I SUPERVISOR		
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.	Though My			
(Signature) Production Clerk (Title) 12/16/85 (Date) 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.	M. W. W. S.			
Production Clerk (Title) 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.		Well, this form must be accompanied by a tabulation of the deviation		
12/16/85 (Date) 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.	Production Clerk	tests taken on the well in accordance with RULE 111.		
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.	(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells		
that hame of humber, of transporter, or other such change of condition.		Fill out only Sections I. II. III and VI for changes of owner		
completed wells,		Separate Forms C-104 must be filed for each pool in multiply		

STATE OF NEW MEXICO ENERGY AND MINERALS CEPARTMENT

** ** (**** * * * * * * * * * * * * *		1		_
DIST# #UT	10#	1	1	_
*****		1	-	_
FILE		1		_
U.1 (3.4),		+	- 	_
SAND OFFICE		1		_
TRANSPORTER	014	1	1	
	GAL	ı	ł	_
UPTRATOR	*	1	-	-
PROMATION OF	YG #	1		-

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

Form C-104 Revised 10-01-78 Formal (6-01-63 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

·	TO SHI OF AND MATCHAL GAS
Operator	
American International Energy Corpora	tior
Add1068	
5701 Woodway, Suite 333, Houston, Texa	as 77057
reasonist for tiling (Check proper dax)	
New Wetl Change in Transporter of:	Cirer (ricale expiding)
	Dry Gas
Change In Ownership Casinghed Gas	Conservation of the Conser
	Condensate (
change of ownership give name Sun Exploration & Production & Productio	coduction Co
P.O. Box 1861, Midla	and Texas 79702
DESCRIPTION OF WELL AND LEASE	
pedec Name (no. inc. inc. inc. inc. inc. inc. inc. inc	Formulan (Charles Center)
	es 7 Ryrs. Queens. Federal er Fee Fee
.× mian	7 NATS: QUEEnsie, rederat or Fee 166
Maria D. 910 - Novel	
Unit Letter D: 810 Feet From The North L:	ine and 660 Feet From The West
19 104mins 22-5 Hans	37-E . Nuom. Lea County
I. DESIGNATION OF TRANSPORTED OF OU LAW NAME.	
come of Authorized Transporter of City of Concension	I GAS
ame of Authorized Transporter of Casinghead Gas in the of Cay Cas	Address folice address to watch approved copy of this form is to be sens;
Getty	Address joine address to watch approved copy of this form is to be sent;
well produces oil or liquids. Unit , Sec. Twp. Rgs.	Box 1137, Eunice, New Mexico
well produces oil or liquids, Only Sec. Twp. Rige.	# Gd actually connected?
A	
his production is commingled with that from any other lesse or pool,	give comminging order numbers
DTE: Complete Parts IV and V on reverse side if necessary.	
•	•
. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
Treby certify that the rule and templatings of the OU. C.	11
reby certify that the rules and regulations of the Oil Conservation Division have in compiled with and that the information given is true and complete to the best of	APPROVED YOUR TOUR
knowledge and belief.	
$I \cap I$	STONED BY JERRY SEXTON
\mathcal{L}	TITLE SE IRICT I SUPERVISOR
All Mal Helica	This form is to be filed in compliance with MULE 1104.
(Signature)	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 taxen on the well in accompanied.
Production Clerk	and with aut I its
(Title)	All sections of this form must be fitted out completely to
5-24-85	
(Date)	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.
] [completed wells.

BOTTON OF AND THE CONTROL OF THE STATE OF TH

DISTRIBUTION

(Date)

NEW MEXICO OIL CONSERVATION CO

SANTA FE	REQUES	ST FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1
J.S.G.S.	_	AND	Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURA	AL GAS
IRANSPORTER GAS	- - 		
OPERATOR			
PRORATION OFFICE	- - 		
Operator			
Sun Exploration	n & Production Co.		
Address			
P. 0. Box 1861	, Midland, Texas 79702		
Reason(s) for filing (Check prop			
New Well		Other (Please explain)	
Recompletion	Change in Trunsporter of:	Name Char	nge Only
Change in Ownership	Oil Dry		0il Company
Change in Ownership	Casinghead Gas Con	densate Jul	1 Of 1 Company
If change of ownership give n	ame		
and address of previous owner			
II DESCRIPTION OF WELL	4 3 (V) V 47 3		
II. DESCRIPTION OF WELL	AND LEASE well No. Pool Name, Inc. valing	5	
E.W. Walden			Lease No.
Location	o Eulione rates	5 7 Rvrs. Queen State, Fe	deral of Fee
D	810 Nam+1		
Unit Letter	810 Feet From The North	ine and 660 Feet Fr	om The West
Line of Section 15	72 C	777 -	
Time of Section 13	Township 22-S Range	37-E , ммрм, Le	a County
III. DESIGNATION OF TRANSI	DORTED OF OUR AND TOTAL		
Name of Authorized Transporter	PORTER OF OIL AND NATURAL Of Cil or Condensate	FAS	
None	or condensate	Address (Give address to which ap	oproved copy of this form is to be sent)
Name of Authorized Transporter	of Castrainad Cas (St.		
1	of Casinghead Gas X or Dry Gas	Address (Give address to which ap	oproved copy of this form is to be sent)
Getty		Box 1137, Eunice,	NM
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected?	When
If this production is commingle	ed with that from any other lease or pool	, give commingling order number:	
IV. COMPLETION DATA		-	
Designate Type of Comp	detion = (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, e	N		
, rend, R1, GR, e	tc., Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations			
			Depth Casing Shoe
*	Tibile alchie		
HOLE SIZE		D CEMENTING RECORD	
17022 3122	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V CERT TARE			
OIL WELL	FOR ALLOWABLE (Test must be a	after recovery of total volume of load o	oil and must be equal to or exceed top allow.
Date First New Oil Run To Tanks	Date of Test	- 11. 1 0. 00 10. 1mm 14 10003)	
	54.6 61 1681	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure		
	raping Piesaure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bhis.		
army tout	O.1 - BEIB.	Water-Bbls.	Gas - MCF
I			
GAS WELL			
GAS WELL Actual Prod. Test-MCF/D			
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)			;
resund Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		!	
I. CERTIFICATE OF COMPLIA	ANCE	OIL CONSERV	ATION COMMISSION
		!	
I hereby certify that the rules as	nd regulations of the Oil Conservation	APPROVED_CAL	, 19
COMMISSION NAVE DEED COMPILE	d 1996 h a d a d a d a d a d a d a d a d a d a	Orio e.	
above is true and complete to the best of my knowledge and belief.		BY Sign	ned hy
		TITLE AND SOME	ned hy
			2. F
1 leatton Land)	This form is to be filed in	compliance with RULE 1104.
	gnatwe)	If this is a request for allo	wable for a newly drilled or deepened
Acct. Asst. II	, i	tests taken on the well in accomp	vanied by a tabulation of the deviation ordence with RULE 111.
	Title)	All sections of this form m	ust be filled out completely for allow-
1-1-82		able on new and recompleted w	vells.

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.

DISTRIBUTION

1:

	SANTA FE	NEW MEXICO OIL REQUES	CONSERVATION CON HON TFOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1
	U.S.G.S.	ALITHODIZATION TO T	AND	Effective 1-1-65
	LAND OFFICE	AOTHORIZATION TO T	RANSPORT OIL AND NATURA	L GAS
	TRANSPORTER OIL	-		
	OPERATOR GAS			
1.	PRORATION OFFICE			
1.	Operator			· ·
	SUN OIL COMPANY			
	P.O. Box 1861, Midla	and, TX 79702		
	Reason(s) for filing (Check proper ba	Dx)	Other (Please explain)	
	New Well Recompletion	Change in Transporter of:		
	Change in Ownership	Oil Dry C	Cos densate	
	If change of ownership give name and address of previous owner		.0. Box 4067, Midland,	TX 79704
11.	DESCRIPTION OF WELL AND	LEASE		
	E. W. Walden	Well No. Pool Name, including 6 Eumont Yates	1,	Lease No.
	Location	o Lamore races	7 Mars Queen State, Fed	leral or Fee
	Unit Letter D;	B10 Feet From The North	ine andFeet Fro	om The
	Line of Section 15 To	ownship 22-S Range	37-Е , мерм,	Lea
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	
	Reme of Authorized Transporter of Of	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)
	None Name of Authorized Transporter of Co	rsinghead Gas 🔣 💮 or Dry Gas 📑		
	Getty	or bry Gds	Box 1137, Eunice, NM	proved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		When
1	If this production is commingled w	ith that from any other lease 1		
IV.	COMPLETION DATA -	ith that from any other lease or pool		,
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dift. Res'v.
Ì	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
}	Flevations (DE DVD DT 00			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
-	Perforations			Depth Casing Shoe
-				Depth Cdaing and
}	HOLE SIZE		D CEMENTING RECORD	
-	11022 3122	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
-				
V. 1	TEST DATA AND REQUEST FO	OP ALLOWARIE OF		
_(DIL WELL	able for this de	ifter recovery of total volume of load of spih 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	Oll-Bbls.		
	The state of the s	On Sha.	Water-Bbls.	Gae - MCF
_			<u> </u>	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		
		Langin of 1881	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
71. C	ERTIFICATE OF COMPLIANC	E	OU CONSERS	AG1by converse
				ABIDN COMMISSION
_	ommission have been complied w	egulations of the Oil Conservation	APPROVED	. 19
at	above is true and complete to the best of my knowledge and belief.		BY	
(TITLE	· · · · · · · · · · · · · · · · · · ·
	&710(D		This form is to be filed in	compliance with RULE 1104.
\in	(Signat	ne i	If this is a request for allow	wable for a newly drilled or deapened
	Production/Proration		well, this form must be accompa tests taken on the well in accompa	injed by a tabulation of the devices
	(Title			ist be filled out completely for allow-
	July 1, 1981		Fill out only Sections I. II	I. III. and VI for changes of owner
	(Date	·	well name or number, or transport	ter, or other such change of condition.
		,,	Seneral Morma C-104 mus	t he filed for each nool in multiply