	wp. of cortes acce		•	
	DISTRIBUTIO	214		
	SANTA FE		$\neg$	
	FILE			
	U.S.G.S.	1		
	LAND OFFICE			
	IRANSPORTER	OIL		
,	THANS! ON ER	GAS		
	OPET:ATOR			
1.	PROFATION OF	ICE		
	Operator			

	DISTRIBUTION SANTA FE		CONSERVATION CON 5 4 FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65
	U.S.G.S.  LAND OFFICE  I RANSPORTER OIL  GAS  OPEI:ATOR	AUTHORIZATION TO TR	PANSPORT OIL AND NATURAL	GAS
1.	Operator			·
	Doyle Hartman, O	<del>il Sparat</del> or		
	Post Office Box Reason(s) for filing (Check proper bo	10426, Midland, TX 7970	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership X	Cil Dry G	Gas	
	If change of ownership give name	Sun Exploration & Produ Post Office Box 1861, 1		
II.	DESCRIPTION OF WELL AND	LEASE		
	Ruby Crosby	Well No. Pool Name, Including	Seven Rivers Queen tate, Feder	
	Unit Letter C : 66	O Feet From The North Li	tine and 1650 Feet From	The West
	Line of Section 18 To	ownship 22S Range	37E , NMPM, Lea	County
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G.	AS Address (Give address to which appr	oved copy of this form is to be sent)
	Name of Authorized Transporter of C		Address (Give address to which appr P. O. Box 1492, E1 Pa	
į	El Paso Natural Gas  If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	•	hen 6-10-57
	<u> </u>	ith that from any other lease or pool,	, give commingling order number:	
•	Designate Type of Completi	ion — (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 Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
			D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CLIMENT
	TEST DATA AND REQUEST FOIL WELL.  Date First New Oil Bun To Tanks	FOR ALLOWABLE (Test must be a able for this de	after recovery of total volume of load of epth or be for full 24 hours)   Producing Method (Flow, pump, gas t	
	ength of Test	Tubing Pressure	Cosing Pressure	Choke Size
	ctual Pred. During Test	Cil-Bbls.	Water - Bble.	Gas-MCF
		3	, , , , , , , , , , , , , , , , , , , ,	
	IS WELL		Bhis. Condensate/MMCF	Gravity of Condensate
	tual Fred. Teet-MCF/D	Length of Test	Cosing Fressure (Shut-in)	Choke Size
	sting k'ethod (pitot, back pr.)	Tubing Pressure (Shut-in)		ATION COMMISSION
	STIFICATE OF COMPLIAN			ATION COMMISSION
	weaten have been compiled	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	BY	The second section of the second seco
			TITLE	compliance with RULE 1104.
	Michelle	Hamlerer	I con allow	wable for a newly drilled or deepene-
	Administrative As	·	All sections of this form making on new and recompleted w	net be filled out completely for allowalia.
	August 30, 1984		Fill out only Sections 1, 1	I. III, and VI for changes of owner ten or other such change of condition
	Effective Septemb	per 1, 1984	Separate Forms C-104 mus	it be filed for each pool in multiple

MO. DF COPIES ACC	1410	l	
DISTRIBUTIO	214		
SANTA FE			
FILC			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	
I HANSFORTER	GAS		<u> </u>
OPERATOR			
PROPATION OF		]	

## MEW MEXICO OIL CONSERVATION COM-

Form C-104
Supersedes Old C-104 and C-11
Cilective Island

t	SANTA FE			112	REQUEST (	_	OWABLE		Supersedes Oli Ellactiva 1-1-6	d C-104 and C-11 is
	FILE				TION TO TRAI	AND	OII AND N	JATURAL G	<b>A S</b>	
}	U.S.G.S.			AUTHORIZA	TION TO TRAI	NSFORT	OIL AND	INTOINE OF	10	
l	TRANSPORTER OIL									
	GAS							-		
	PROPATION OFFICE	-		•				·		
1.	Operator		1	<u></u>						
	Doyle Hartma	an,	01	- <del>Operat</del> or						
				0426, Midland,	TX 79702		Other (Please	explaint		
	Reason(s) for filing (Check p	roper	box	Change in Trans	porter of:		Other It rease	, , , , , , , , , , , , , , , , , , ,		
	New We!l			CII	Dry Gas	· 🖂	•			
	Change in Ownership X			Casinghead Gas	Conden					
	If change of ownership give and address of previous ow	e nar	me	Sun Explorati Post Office I	lon & Production & 1861, M	idland	TX 797	02		
H.	DESCRIPTION OF WELL	<u>L A</u>	ND I	Well No. Pool P	Name, Including Fo	ormation		Kind of Lease	- Fodomal	Leose No. LC-034548
	Ruby Crosby			l Arr	cowhead-Gray	burg		State, Federal	or Fee Federal	
	Location		660	Feet From The	North Line	e and	1650	_ Feel From T	he West	
	Unit Letter 18	- '	T-:	waship 22S		37E	, имем	. Lea		County
	Line of Section					s TA'	д			
III.	DESIGNATION OF TRA	NSF orter o	OR	rer of oil AND or Condens	NATURAL GA	Address	(Give address	to which approv	ed copy of this form is	io be sent)
	<b>i</b>				Dry Gas	Address	(Give address	to which approv	ed copy of this form is	to be sent)
	Name of Authorized Transpo	rter c	of Cas	singhead Gas or	Diy Gas					· ·
	If well produces oil or liquid	ds,		Unit Sec.	Twp. P.ge.	ls gas ac	tually connect	ed? Whe	n	
	give location of tanks.		<del></del>		lease or pool.	give com	mingling orde	r number:		
IV.	If this production is commi	ingle	d wi			New Well	Workover	Deepen	Plug Back   Same Re	s'v. Diff. Res'v.
	Designate Type of C	Comp	letic	on - (X)	Gas Well	1		1	' 	
	Date Spudded			Date Compl. Ready t	o Prod.	Total De	pth		P.B.T.D.	
				Name of Producing F	ormation	Top O!1/	Gas Pay		Tubing Depth	
	Elevations (DF, RKB, RT, C	GR, e	tc.j	Name of Floatering .		<u> </u>			Depth Casing Shoe	
	Perforations									
				TUBIN	G, CASING, AND	CEMEN	TING RECO	RD	SACKS CE	MENT
	HOLE SIZE			CASING & TL	BING SIZE	<del> </del>	DEPTH S	ET	3,0,0,0	
						<del>                                     </del>				
							·			
				1		1		me of load oil	and must be equal to or	exceed top allow
V.	TEST DATA AND REQ	UES	TF	OR ALLOWABLE	(Test must be a able for this de	enth of be 1	IOT THE 24 MINE	• /		
	OIL WELL Date First New Oil Run To	Tank	8	Date of Test		Producir	ng Method (Fio	w, pump, gas lij	.,,	
	Length of Test			Tubing Pressure		Casing	Pressure.		Choke Size	
						Water - B	bls.		Gas-MCF	,
	Actual Pred. During Test			Oil-Bbls.				, ,		
	1									
	GAS WELL Actual Prod. Test-MCF/D			Length of Test		Bbla. Co	ondensate/http://	F	Gravity of Condensat	•
	Actual Prod. 1881-MOF/D					Coalsa	Fresure (Sbu	t-in)	Choke Size	
	Testing Method (pitot, back	k pr.j		Tubing Pressure (6)	hut-in )	C01				
1.1	CERTIFICATE OF CO	MPI	JAN	CE			OIL	CONSERVA	TION COMMISSIO	N
V 4.						APPE	OVED	<u>SEP 4</u>	198 <b>4</b>	, 19
	I hereby certify that the r Commission have been c	ru <b>les</b> rompl	and bed	regulations of the O with and that the it	in Convervation		ONE	al gehed sy	JERRY SERTON	
	Commission have been cause is true and compl	ricit	to th	e hest of my knowle	rdge und bellet.			DIST <b>ACT</b> FRUI	ERVISOR	
						Н		. sa filad la	compliance with HUL	E 1104.
	•			-		1	f this is a re	quest for allow	wable for a newly dia	of the deviation
	- Michi	_1_1	(Sia)	Manuel		Il well.	this form mu	#1 De #ccombi	t with mult I' 1	11.
	Administra		e A	ss <b>istant</b>		/	All pections	of this form mi	ist bs filled out comp olis.	italian ion cons
	A	10	•	ule)		1 1	in out only	Certions 1, 1	I. III, and VI for the	
	August 30,		(1)	hor 1 1984		well!	name or numb Separate For		t be flied for each	
	Effective	sep	cem	ber 1, 1984		11	icie i vella.			

RECEIVED

AUG 31 1984

GAO.D. BOR**M Office** 

	1		
DISTRIBUTION			
SANTA FE		L CONSERVATION CON SION	Form C-104
FILE	REQUE	ST FOR ALLOWABLE	Supersedes Old C-104 and C-
J.S.G.S.		AND	Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO	TRANSPORT OIL AND NATURA	AL GAS
OIL OIL	-		
TRANSPORTER	_		
GAS	<b>→</b>		
OPERATOR	<u> </u>		
PRORATION OFFICE	· · · · · · · · · · · · · · · · · · ·		
Sun Exploration &	Production Co		
P. 0. Box 1861, M			
Reason(s) for filing (Check proper bo	x)	Other (Please explain)	
New Well	Change in Transporter of:	Name Chair	0-1
Recompletion	Oil Dr	Name Chan	
Change in Ownership	Casinghead Gas Co	ndensate From: Sun	0il Company
If change of ownership give name			
and address of previous owner			
Lease Name	LEASE   Well No.   Pool Name, Including	g Formation Kind of L	.ease Lease No.
Ruby Crosby	1 Eumont Yat	es 7 Rvrs. Queen State, Fe	deral or Fee
Unit Letter C	660 Feet From The North	Line and 1650 Feet Fr	om The West
Line of Section 18 To	ownship 22-S Range	37-E , NMPM, L	ea County
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL		
·	or condensate	Address (Give address to which ap	oproved copy of this form is to be sent)
None			
Name of Authorized Transporter of Ca	isinghead Gas or Dry GasX	Address (Give address to which ap	oproved copy of this form is to be sent)
El Paso Natural Gas	5	Jal, NM 88252	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When
give location of tanks.	1 1 1	Yes	i I
If this production is commingled wi	ith that from any other lease or po	ol, give commingling order number:	
Designate Type of Completi	on - (X)	New Well Workove: 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, A	AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	i		
. TEST DATA AND REQUEST F		e after recovery of total volume of load	oil and must be equal to or exceed top allow
OH. WELL Date First New Oil Run To Tanks	Date of Test	depth or be for full 24 hours)	116
Date First New Oil Mun 10 lduks	Date of 1981	Producing Method (Flow, pump, gas	s uji, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choxe Size
		*	
Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gas-MCF
			<del></del>
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Growthy of Conde
1	1	The state of the s	Gravity of Condensate
1	,	<u> </u>	<u> </u>
Tarting Mathed Cales Land and	Tobles See as a description		·
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE			
			VATION COMMISSION

## VI

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

DeeAm	(Signature)	
	(Signature)	
Acct. Asst.	II	
	(Title)	
1 1.92		

(Date)

APPROVED_	JAN 2 1932	, 19
BY	Orig. Signed In	
	ferry Sexton.	
TITLE	Elist 1, Sups	

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.

Secrete Forms C-104 must be filed for each cool in multiply

DISTRIBUTION			
SANTA FE		CONSERVATION COME SION	Form C-104
FILE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TI	AND RANSPORT OIL AND NATURAL	
LAND OFFICE	ASTRONIZATION TO T	AND NATURAL	GAS
TRANSPORTER OIL GAS			
OPERATOR			
1. PRORATION OFFICE Operator		`	
SUN OIL COMPANY			
P.O. Box 1861, Mid1 Reason(s) for filing (Check proper t		LOU - OL	
New Well	Change in Transporter of:	Other (Please explain)	
Recompletion	Cil . Dry	Gas	
Change in Ownership	Casinghead Gas Cond	densate	
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 AN			
Ruby Crosby	Well No. Pool Name, Including  1 Eumont Yates	7 Rurs. Queen State, Feder	Lease 140.
Location			
Unit Letter C; 66	Feet From The North	line and 1650 Feet From	The
Line of Section 18	Fownship 22-S Range	37-E , <sub>NMPM</sub> ,	Lea County
III. DESIGNATION OF TRANSPO	RTER OF OUL AND NATURAL C	14 <i>C</i>	,
Name of Authorized Transporter of C	Oil or Condensate	Address (Give address to which appro	oved copy of this form is to be sent!
None			
Name of Authorized Transporter of C El Paso Natural Gas		Address (Give address to which appro Jal, NM 88252	oved 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? Wh	er.
If this production is commingled vIV. COMPLETION DATA	with that from any other lease or pool	, give commingling order number:	
Designate Type of Complet	cion - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
Date Spudded	Date Compi. Ready to Prod.		1 1
Jake optication	Date Compt. Neddy 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			Dooth Control Share
			Depth Casing Shoe
		ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST		after recovery of total volume of load oil	and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	able for this d	epth or be for full 24 hours)	
Date First New Oil Ada 16 Tanks	Date of lest	Producing Method (Flow, pump, gas li	ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Ggs-VCE
			Gaa-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

## VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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,

Tubing Pressure (Shut-in )

(Signature) Production/Proration Supervisor

(Title)

(Date)

July 1, 1981

OIL CONSERVATION COMMISSION

Choke Size

Casing Pressure (Shut-in)

1019 APPROVED\_ 'nχ (T) Det & Sugar TITLE .

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

If this is a request for silowable 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.

Sanarata Forms C-104 must be filed for each nool in multiplu

CISTRIBUTION SANTA FE	1	CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
FILE U.S.G.S.	AUTUODIZATION TO TD	AND	
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	SAS
OIL	1		
TRANSPORTER GAS	1		
OPERATOR	]		
PRORATION OFFICE			
Öperator			
SUN TEXAS CO	OMPANY		
P. O. Box 40  Reason(s) for filing (Check proper box  New Well  Recompletion	O67 Midland, Texas  Change in Transporter of:  Oil Dry Go	79704 Other (Please explain)	
Change in Ownership X	Casinghead Gas Conde	751	
If change of ownership give name and address of previous owner	TEXAS PACIFIC OIL COMP	ANY, INC. P. (). Box 406	7 Midland, TX, 79704
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation   Kind of Lease	Lease No.
Lease Name	Well No. Pool Name, increasing t	4 to = 1 Risin Codera	
Ruby 3. Crosby	Eumini	Que	
Unit Letter C; 66	D Feet From The 101+h Lir	44 tes 7 Kyrstedera  Quen  1650 Feet From	rhe west
Line of Section 18 Tov	vnship 22-5 Range	37-E , NMPM, L	eq County
Name of Authorized Transporter of Oil  None Name of Authorized Transporter of Cas  El Paso Natur	inghead Gas or Dry Gas X	Address (Give address to which approximately Market	ved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	omt sec. Twp. Tige.	4es	
If this production is commingled wit COMPLETION DATA			•
Designate Type of Completio	n - (X)   Gas Well	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	<u> </u>	1	Depth Casing Shoe
	TURING CASING AND	CEMENTING RECORD	1
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLL SILL			
TEST DATA AND REQUEST FO			ind must be equal to or exceed top allow-
Oll, WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif	t, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u> </u>		

**GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Fressure (Shut-in) Testing Method (pitot, back pr.)

VI.	CERTIFICATE	OF	COMPLIANCE

1.

11.

HI.

IV.

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) SEF 13 100

(Date)

TITLE \_\_

APPROVED\_

If this is a request for sllowable 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.

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

OIL CONSERVATION COMMISSION

r = 3

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