STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator

Sun Exploration & Production Company

Address

P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

[ ] New Well

[X] Recompletion

[ ] Change In Ownership

Change In Transporter of:

[ ] Oil

[ ] Casinghead Gas

[ ] Dry Gas

[ ] Condensate

Other (Please explain)

Recompleted from Drinkard to the Paddock

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Boyd	3	Paddock	State, Federal or Fee Fee	

Location

Unit Letter __A__ ; __660__ Feet From The __North__ Line and __660__ Feet From The __East__

Line of Section __23__ Township __22S__ Range __37E__ , NMPM, __Lea__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	P. O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Getty Oil Company	P. O. Box 1404, Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When 1-18-84

If this production is commingled with that from any other lease or pool, give commingling order number: Verbal Given By:
Gilbert Quintana 2/6/84
Waiting on Commingling Permit No.

NOTE: *Complete Parts IV and V on reverse side if necessary.*

OIL CONSERVATION DIVISION

APPROVED __MAR 14 1984__ , 19____

BY __ORIGINAL SIGNED BY JERRY SEXTON__
__DISTRICT I SUPERVISOR__

TITLE _____

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.

Alva Franco
(Signature)

Senior Accounting Assistant
(Title)

2-17-84
(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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X					X		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-15-83	1-13-84	6451	6250 CIBP

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3318' GL	Paddock	5016	5097

Perforations	Depth Casing Shoe
5016-5034	5097

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17	13-3/8	300	300 SXS
11	8-5/8	2800	1250 SXS
7-7/8	5-1/2	6380	400 SXS.

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 allowable 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.)
1-18-84	1-31-84	Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours			

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	3	40	25

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