STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER OIL		
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PROBATION OFFICE	-I	

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

Form C-104 Revised 10-01-78 Format 06-01-02 Page 1

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Plant 1. L. III. and 10 c.	12-6-88		All eecs	tions of this form must be filled and E 111.			
Separate Forms C-104 must be filed for each pool in multiple	(Date)		Fill out	only Sections !			
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	and and		completed we	ile. C-104 must be filed for each pool in muter-			

Designate Type of Complete	ion — (X)	Off Meff	Gas well	New Well	Workover	Deepen	Plug Becs	Same Restv.	DIIL R
Date Spudged		Reday to Pro	i.	Total Depts		<u>!</u>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Pro-	lucing Forme	tion	Top OIL/Go	a Pey		Tubing Dep	(h	 -
Perforetions				-1			Depth Castr	ng Shoe	
		TUBING, C.	ASING, AN	D CEMENTI	NG RECORE)			
HOLE SIZE		G & TUBIN		- DEPTH SET			SA	CKS CEMEN	T.
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	GAS	<u> </u>	<u> </u>
OPERATOR			
PROBATION OF	ICE	İ	i

NEW MEXICO OIL CONSERVATION COM JON

Form C-104

F	SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65			
!	U.S.G.S.	•	AND SPORT OIL AND NATURAL GA	s			
r	LAND OFFICE	AUTHORIZATION TO TRAIN	or one and the one or	•			
	TRANSPORTER OIL						
- }	OPERATOR GAS						
1.	PRORATION OFFICE						
•	Operator Sun Exploration & P	roduction Co.					
-	Address						
	P. O. Box 1861, Mid	land, Texas 79702					
Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well Recompletion	Change in Transporter of: Oil Dry Gas	Name Change C From: Sun Oil				
	Change in Ownership	Casinghead Gas Condense		Company			
	If change of ownership give name						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND L	LEASE		Lease No.			
i	Lease Name	Well No. Pool Name, including For	Kind of Lease 7 Rvrs.Q.Gryb.	- i			
	State "A" A/C 1	70 Langile Mattix	7 KV13.Q.GIYŲ.	<u> </u>			
	Unit Letter A	660 Feet From The North Line	and 660 Feet From Th	e East			
			36-Е , ммрм, Le				
	Line of Section 14 Tow	nship 23-S Range	JO-L , INVIEW, DC				
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	TA'd Address (Give address to which approve	d conv of this form is to be sent)			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give adaress to which approve	a copy of this form to to be sent,			
	Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)			
			5- 100				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When				
	give location of tanks.		ive commingling order number:				
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g		Plua Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	OII 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.			
	Bate opular						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	•						
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEFINACI				
	The same and the s	ON ALLOWARIE (Test must be of	ter recovery of total volume of load oil o	and must be equal to or exceed top allow-			
V	. TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ges ii)	, e.c.,			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
			.1	Gas-MCF			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gua-Mor			
GAS WELL Bbls. Condensate/MMCF Gravity of Condensate							
	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	VI. CERTIFICATE OF COMPLIANCE						
		to the Oil Conservation	· N				
	Commission have been complied	regulations of the Oil Conservation with and that the information given					
	above is true and complete to th	e best of my knowledge and belief.					
TITLE							
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	Jel maring	nature)	well, this form must be accompated tests taken on the well in acco	wind by a tabulation of the design.			
	Acct. Asst. II	<u> </u>	All sections of this form mi	ast be filled out completely for allow-			
	•	'itle)	able on new and recompleted w	ells. To the and UT for changes of owner,			
	12-21-81	Oate)	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 and in multiply				