JISTRIBUTION		CONSERVATION COME ION	Form C-104		
FILE		T FOR ALLOWABLE	Supersedes Old C-104 and C-1.		
U.S.G.S.		AND RANSPORT OIL AND NATURA	Effective 1-1-65		
LAND OFFICE		CANSPORT UIL AND NATURA	L GAS		
TRANSPORTER OIL	_				
GAS	_				
OPERATOR	-4				
I. PRORATION OFFICE					
Sun Exploration &	Production Co.				
Address					
P. O. Box 1861, Mi	idland, Texas 79702				
Reason(s) for filing (Check proper box	()	Other (Please explain)			
New Well	Change in Transporter of:	Namo Chang			
Recompletion	Otl Dry G	Gas Sas San Name Chang	Oil Company		
Change in Ownership	Casinghead Gas Conde	ensate			
If change of ownership give name					
and address of previous owner					
II. DESCRIPTION OF WELL AND	IFASE				
Lease Name	Well No. Pool Name, Including I	Formation Kind of Le	ase Lease No.		
State "A" A/C 1	91 Langlie Matti	1x 7 Rvrs.A.Gryb State, Fed			
Location					
Unit Letter C 60	60 Feet From The North Li	ine and Feet Fro	m The West		
וב	23-S Barro		· · · · · · · · · · · · · · · · · · ·		
Line of Section 15 To	wnship 23-3 Range	36-E , NMPM, Le	ea County		
II. <u>DESIGNATION OF TRANSPOR</u>	TED OF OH AND NATURAL O	4.5			
Name of Authorized Transporter of Oil	or Condensate		proved copy of this form is to be sent)		
Texas New Mexico Pi	peline	Box 1510, Midland,			
Name of Authorized Transporter of Car El Paso Natural Gas	singhead Gas 👗 or Dry Gas 📃		proved copy of this form is to be sent)		
Phillips Petroleum		Box 6666, Odessa, 7	Texas		
If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected?	When		
give location of tanks.	C 15 23 36				
If this production is commingled with	th that from any other lease or pool,	give commingling order number:			
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Besty, Diff. Besty		
Designate Type of Completic	on = (X)	i beepen	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		
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD			
			SACKS CEMENT		
L	<u> </u>	-			
· TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of	il and must be equal to or exceed top allow-		
OIL WELL Date First New Oil Bun To Tanks	Date of Test	producing Method (Flow, pump, gas			
		Freddenig Method (Frow, pamp, gas			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF		
l	l				
CAR WELL					
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF			
		Bbis. 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		
· ···					
I hereby certify that the rules and re	gulations of the Oil Conservation				
Commission have been complied wir above is true and complete to the	th and that the information given best of my knowledge and halief	Orig. Signed	by		
	and the second s	Corry Sexton	BYOrig. Signed by Strry Sexton		
) X		TITLE <u>Dist L Serve</u> 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 allow- 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.			
$\mathcal{O} \mathcal{O} \mathcal{V}$					
let modernt					
Acct. Asst. II	ure)				
(Title					
1-1-82	· /				
(Date	=				
	A 44	1 -	the filed for each post in multinity		

	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11				
	J.S.G.S.	L AUTHORIZATION TO TRA	AND ANSPORT CIL AND NATURAL G	Elfective 1-1-65				
	IRANSPORTER OIL GAS		-					
1.	Operator	· · · · · · · · · · · · · · · · · · ·						
	SUN OIL COMPANY							
	P.O. Box 1861, Midland Reason(s) for tiling (Check proper bo	1, TX 79702	Other (Please explain)	/				
	New Well Recompletion Change in Cwnership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder						
	If change of ownership give name and address of previous owner	SUN TEXAS COMPANY, P.O.	ی بریان میں ایک میں میں ایک میں میں ایک میں میں ایک میں میں میں ایک میں	9704				
П.	DESCRIPTION OF WELL AND LEASE							
	Lease Name State "A" A/C-1 Location		X 7 RVrs Q.Gryb. State, Federal	or Fee State				
	Unit Letter C ; 6	60 Feet From The North Lin	ne and Feet From 7	West				
	Line of Section 15 To	ownship 23-S _{Ranae} 36-1	Е , ммрм,	Lea County				
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oll X or Condensate Address (Give address to which approved copy of this form is to be sent)							
	Texas New Mexico Pipe	singnesa Gas X: or Dry Gas	Box 1510, Midland, TX	ed copy of this form is to be senti				
	El Paso Natural Gas Phillips Petroleum	-	Address (NMe address to which approved copy of this form is to be sent) Box 6666, Odessa, TX					
	If well produces oil or liquids, give location of tanks. C 15 23 36							
IV.	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA							
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
		· · · · · · · · · · · · · · · · · · ·	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)							
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, eic.)				
	Longth of Test	Tubing Pressure	Casing Pressure	Chere Size				
	Actual Prod. During Test	Cil-Bbis.	Water - Bhla.	Gas-MCF				
	GAS WELL		· ·					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Testing Mothed (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chake Size				
VI.	CERTIFICATE OF COMPLIAN		OIL CONSERVA	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.		Oxig. Signed	. By				
			TITLE Die L Supe					
	AUS			compliance with RULE 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 taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-					
	Production/Proration Supervisor							
	(Tule) July 1, 1981		able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.					
		Date)	well name or number, or transport	er, or other such change of condition.				
				ین .				

	CISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE IRANSPORTER OIL GAS OPERATOR PRORATION OF FICE	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
1.	Operator						
	SUN TEXAS COMPANY						
	P. 0. Box 4067 Midland, Texas 79704 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Other (Please explain) Change in Ownership X Casinghead Gas						
	If change of ownership give name and address of previous owner	TEXAS PACIFIC OIL COMPA	ANY, INC. P. 0. Box 406	7 Midland, TX, 79704			
Π.	DESCRIPTION OF WELL AND LEASE Lease Name Kind of Lease Lease Constr Name Constr Kind of Lease Lease Constr Name Constr Constr<						
Location							
	Unit Letter;(1)	Feet From The 777711 Line	e and? Feet From 1				
	Line of Section 15 Tow	nship 23 (5 Range)	51 E, NMPM, 151	Ç County			
Ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	red copy of this form is to be sent)			
	None of Authorized Transporter of Oll	1 -111 -	Harrie Alman	in IZ			
	None of Authorized Transporter of Cas	inghead Gas 🗶 or Dry Gas 🚺	Address (Give address to which approv J.T.C., 12002 115 × 100 A.M. A.M. C. 2007	$\frac{1}{\sqrt{Y}}$			
	1'HU111'S +1-11/1-6 194	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe				
	give location of tanks.	1 1/5 103 513/2	give commingling order number:				
IV.	If this production is commingled wit COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio						
	Date Spuddød	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	Perforations		Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
v.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	ft, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas-MCF			
	Actual Plot. Baring Teer						
	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)	Cosing Pressure (Shut-in)	Cheke Size			
VI.	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.		OIL CONSERVATION APPROVED Orig. Signed by BY letry Serion				
			TITLE Dist la Suge				
	C. Enfin		This form is to be filed in compliance with RULE 1104.				
		Alla-	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.				
Regional Operations Superintendent/West (Tule) SEP 1 % 1980			tests taken on the well in accordance with NOLL first All sections of this form must be filled out completely for allow- 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.				
							(Da
			ll completion in the same of the				