

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

I. Operator  
Sun Exploration & Production Co.

Address  
P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Name Change Only
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	From: Sun Oil Company
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

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.
State "A" A/C 1	82	Langlie Mattix 7 Rvrs.Q.Gryb.	State, Federal or Fee	NM 2A
Location				
Unit Letter	B	660 Feet From The	North	Line and 1980 Feet From The East
Line of Section	15	Township	23 S	Range 36 E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA'd

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved 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? When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas 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.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

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	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

VI. CERTIFICATE OF COMPLIANCE

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.

*DeAnn Kemp*

(Signature)

Acct. Asst. II

(Title)

12-21-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Jerry Sexton  
TITLE Dist. L. Supv.

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 multiple

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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

I. Operator  
SUN OIL COMPANY  
Address  
P.O. Box 1861, Midland, TX 79702  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
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 AND LEASE  
Lease Name  
State "A" A/C-1  
Well No. 82  
Pool Name, including Formation  
Langlie Mattix-7 Rvrs Q.Gryb.  
Kind of Lease  
State, Federal or Fee  
Lease No.  
NM 2A  
Location  
Unit Letter B  
660 Feet From The North  
Line and 1980 Feet From The East  
Line of Section 15  
Township 23-S  
Range 36-E  
NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA'd  
Name of Authorized Transporter of Oil ☐ or Condensate ☐  
Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Address (Give address to which approved 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? When

If this production is commingled with that from any other lease or pool, give commingling order number:  
IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well 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 Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)  
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 Oil-Bbls. Water-Bbls. Gas-MCF

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

VI. CERTIFICATE OF COMPLIANCE  
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.  
Signature  
Production/Proration Supervisor  
July 1, 1981  
Date  
OIL CONSERVATION COMMISSION  
APPROVED  
BY  
TITLE  
This form is to be filed in compliance with RULE 1104.  
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All sections of this form must be filled out completely for allowable on new and recompleted wells.  
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Separate Forms C-104 must be filed for each pool in multiple

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OIA C-104 and C-105  
Effective 1-1-65

Operator <b>SUN TEXAS COMPANY</b>	
Address <b>P. O. Box 4067 Midland, Texas 79704</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX, 79704**

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name	<b>State "A" A/C 1</b>	<b>82</b>	<b>Lanahie Matlin - 7 Pures</b>	<input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	<b>NM 2A</b>
Location					
Unit Letter	<b>B</b>	<b>660</b>	Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>EAST</b>		
Line of Section	<b>15</b>	Township <b>23-S</b>	Range <b>36-E</b>	NMPM, <b>LEA</b>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS <b>TA'd</b>		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved 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?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					

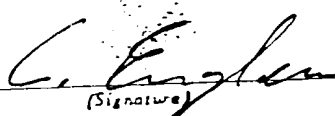
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(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)	
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	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
Regional Operations Superintendent/West  
(Title)  
SEP 12 1980  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
Orig. Signed By  
Jerry Benson  
Dist. 1, Sup't.

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.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
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U.S.G.S	
LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

NO. 1-1-1  
1-1-1-1-1-1  
1-1-1-1-1-1  
1-1-1-1-1-1

X	Fee <input type="checkbox"/>
N M 2 A	
STATE A A/C-1	
82	
LANGLIE-MATTIX	
LEA	

## SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT DEPTH. USE APPLICATION FOR PERMIT - FORM O-101 FOR SUCH PROPOSALS.

1. Line of Operator	2. Address of Operator	3. Location of Well	4. Elevation (Show whether DE, RT, GR, etc.)
TEXAS PACIFIC OIL COMPANY, INC	P.O. BOX 4067 MIDLAND, TEXAS 79701	UNIT LETTER B 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 15 TOWNSHIP 23-S RANGE 36-E	3399'

15.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

SUSSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPER.	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input type="checkbox"/>
OTHER	<input checked="" type="checkbox"/> WELL STATUS

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give position of well, depth, etc., and propose work) SEE RULE 1103.

Well shut in, TA'd in June 1968 due to uneconomical production. This lease is in an area being studied for unitization and waterflood Feasibility.

Expires 11-1-76

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED L. Z. Wright TITLE Area Supt

11-2-75

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

NOV 11 1975

CONDITIONS OF APPROVAL, IF ANY: