DISTRIBUTION

	FILE U.S.G.S.	REQUES	TONSERVATION COM JON STOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65			
	LAND OFFICE TRANSPORTER OIL GAS OPERATOR PROPATION OFFICE	- AUTHORIZATION TO T	RANSPORT OIL AND NATURA	AL GAS			
1.	Operator	Dundunting Co					
	Sun Exploration & Production Co. Address D. O. Poy 1961, Midland, Toyan, 70703						
	P. O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box)						
	New Well	Change in Transporter of:	Other (Please explain)	0.3			
	Recompletion Change in Ownership	Oil Dry Casinghead Gas Cond	Gas Name Char From: Sur	nge Unly n Oil Company			
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL ANI	LEASE Well No. Pool Name, Including					
	State "A" A/C 1		tix 7 Rvrs.Q.Gryb State, Fe	Lease No.			
		660 Feet From The North	ine and 1980 Feet Fr				
		ownship 23 S Range	7.6 F	Lea County			
II.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	ias TA'd				
ļ	Name of Authorized Transporter of O	II or Condensate	Address (Give address to which ap	oproved copy of this form is to be sent)			
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which ap	proved 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			
V.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool	, give commingling order number:				
ſ	Designate Type of Completi	on - (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			
-							
	, HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT			
-				3ACKS CEMENT			
-							
_ 7. 1	FEST DATA AND REQUEST E	OP ALLOWARIE (T					
(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) Oute First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
			Floadeing Method (Flow, pump, gas	uft, etc.)			
1	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
1	Actual Prod. During Test	Oli-Bble.	Water - Bbls.	Gas - MCF			
	AC WEY Y						
_	FAS 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			
. c	ERTIFICATE OF COMPLIANCE	CE	OIL CONSERV	/ATION COMMISSION			
I	hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	, 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Orig. Signed by Jerry Sexton				
			TITLE Dist L Supra				
_	"Du Am Kamb			compliance with RULE 1104.			
	Acct. Asst. II	ture)	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.				
_	12-21-81 (Titl	(e)					
(Date)			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.				

DISTRIBUTION ANTA FE FILE J.S.G.S.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL O		Form C-194 Supersedes Old C-104 and C- Effective 1-1-65			
LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator						
SUN OIL COMPANY						
P.O. Box 1861, Midla						
Reason(s) for tiling (Check proper New We!! Recompletion Change in Ownership X	Change in Transporter of: OII Dry (Other (Please explain)				
If change of ownership give nam			70704			
II. DESCRIPTION OF WELL AN		DOX 4007; Hitalia, IX	73704			
Lease Name State "A" A/C-1	Well No. Pool Name, including	Formation Kind of C	Lease No.			
Lecation		1000	Tank			
3.5	reet rom the	me und Feet Fr				
	Township 23-S Range	36-Е , ммем,	Lea County			
1. DESIGNATION OF TRANSPO	ON Or Condensate	AS TA'd Address (Give address to which a	pproved copy of this form is to be sent)			
Name of Authorized Transporter of	Casingheda Gas or Dry Gas		oproved 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 V. COMPLETION DATA	with that from any other lease or pool	, give commingling order number:				
Designate Type of Comple	tion - (X) Cil Well Gas Well	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 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 OIL WELL	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load: epth or be for full 24 hours)	oil and must be equal to or exceed top allow			
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s list, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choxe Size			
Actual Prod. During Test	Cil-Bbis.	Water - Bbis.	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)	Coming Pressure (Shut-in)	Choke Size			
CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	VATION COMMISSION			
hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		APPROVED				
		TITLE				
			n compliance with RULE 1104.			
Julian	•	7				
	nature) Supervisor	If this is a request for all well, this form must be accome	owable for a newly drilled or deepened			
Production/Proration		If this is a request for all well, this form must be accompanied that taken on the well in acc	owable for a newly drilled or deepened panied by a tabulation of the deviation cordance with RULE 111.			

SANTA FE	REQUEST	FOR ALLOWABLE .	Effective 1-1-65
FILE U.S.G.S.	AUT RIZATION TO TRA	AND INSPORT OIL AND TURAL	. GA S
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
Operation OFFICE	<u> </u>		
SUN TEXAS C	OMPANY		
P_0_Box_4	067 Midland, Texas	79704 Other (Please explain)	
Reason(s) for Isling (Check proper bo	Change in Transporter of:		
Recompletion	Oil Dry Ga		
Change in Ownership X	Casinghead Gas Conden	isute (
If change of ownership give name and address of previous owner	TEXAS PACIFIC OIL COMPA	ANY, INC. P. O. Box 4	067 <u>Midland, TX, 79704</u>
DESCRIPTION OF WELL AND	LEASE	ormation Kind of Le	ase Lease No.
Lesse Name	Well No. Pool Name, Including For	- TPURS () (State) Fod	
Location	10 2 12/10/10 1-11/11	aco Guylo	East
Unit Letter B : 6	60 Feet From The NORTH Lin	e and //8() Feet Fro	m The
Line of Section 15 To	ownship 23~5 Range	36-E, NMPM,	LEA County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	s TAG	to be centle
Name of Authorized Transporter of O	or Condensate	736.635 (6.64 5.64)	proved copy of this form is to be sent)
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)
	Unit Sec. Twp. Pge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.		!	.,
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Daie Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Name of Producing Formation	Top O!1/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Communication		Depth Casing Shoe
Perforations	Perforations		Deptil Gasing and
	·	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEFTRISET	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	fier recovery of total volume of load : pth or be for full 24 hows)	oll 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	lift, etc.)
17.00	Tubing Pressure	Cosing Pressure	Choke Size
Length of Test		Water - Shis.	Gas-MCF
Actual Prod. During Test	O11 - Bbls.	10.01 - 30.01	
			· ·
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
_	Tubing Pressure (Shot-in)	Cosing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Piessau (Shut-III)		
CERTIFICATE OF COMPLIA	NCE	1	VATION 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.		APPROVED, 19, 19	
		BY	
		TITLE Dist la	Sup %
		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 walls. 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	
<u> </u>	natural		
Regional Operat	ions Superintendent/West		
. (SEP 1 2 1980		
	Dole)		
· ——	<u>·</u>		

NO. 0 COPIES RECEIVED		. im I+. 3 1 persodea (21 +22 2 2 2 2 2 2
SANTAF:	NEW MEXICO OIL CONSERVATION CONTRACTOR	Dit otto s 14,445
U.S.G.S LAND FICE		i X Fee
OPE OR		NM 2A
SUNDRY (DO NOT USE THIS FORM FOR PROPOUSE "APPLICATION	NOTICES AND REPORTS ON WELLS SALS TO DRILL OF TO DEEPEN OF PLUS SALS TO A DIFFERENT DEVERYORAL FOR PERMIT _ M. FORM C-101 FOR SUCH PROPOSALS.	
GAS WELL	OTHER.	North Adec and Core
TEXAS PACIFIC	OIL COMPANY INC	STATE A A/C-1
	MIDIAND, TEXAS 79701	
	60 FEET FROM THE NORTH LINE AND 1980 FEET	
THE EAST LINE, SECTION	15 TOWNSHIP 23-5 RANGE 36-E .	
	15. Elevation (Show whether DF, RT, GR, 200). 3399	LEA
Check Ap	propriate Box To Indicate Nature of Notice, Report or	
П		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING ORNS.	CTEATH - CT CARACTUMMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CLICAT JOS OTHER	WELL STATUS X
OTHER		THE DIMESTRA
17. Describe Proposed or Completed Opera work) SEE RULE 1603.	ations (Clearly state all pertinent details, and give professions) was a walk	The sating the same of the sam
Well shut in	TA'd in June 1968 due to	o uniconemian
/1 -2 .	This lease is in an area	
studied for z	instruction and westerland	7 1.1.1
Juliana Jan	entigation and wreterflood	Hasibility.
		,
		11-1-76
	Z	upries 11-1-76
18. I hereby certify that the information ab	ove is true and complete to the best of Applicable Lagrange and Applicable Lagrange and Applicable Lagrange Lag	·
SIGNED L. Migs	at Area Supt	11-7-75
	 	

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: