1.	DISTRIBUTION JANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COM ION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS			
	Operator Sun Exploration & Production Co.						
	Address P. O. Box 1861, Midland, Texas 79702						
	Reason(s) for filing (Check proper box		Other (Please explain)				
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	From: Sun O				
	If change of ownership give name and address of previous owner		······································				
п.	DESCRIPTION OF WELL AND LEASE						
	Lease Name State "A" A/C 1	Well No. Pool Name, Including F 59 Langlie Matt	ix 7 Rvrs.Q. GryBtate, Federa	Lease No.			
	Location Unit Letter E 1	980 Feet From The North Lir	ne and660 Feet From 7	West			
	1		36-E , NMPM, Lea	County			
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA'd						
	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Ca	singhead Gas 📄 or Dry Gas 🚞	Address (Give address to which approv	ved 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? Whe	n			
	If this production is commingled with that from any other lease or pool, give commingling order number:						
	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, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations	,,,,,,,		Depth Casing Shoe			
		TUBING, CASING, AN	D 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 allowed able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.j			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bhla.	Water - Bbla.	Gas - MCF			
I		.		<u>. </u>			
[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 COMPLIAN	CE	OIL CONSERVA	TION COMMISSION			
	I hereby certify that the rules and regulations 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.		BYOrig Stened by				
			BY Orig Signed by TITLE Dist 1, Supp				
-	- Dee Am tomb		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
	(Dignature) Acct. Asst. II		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
•	(Title) 12-16-81		All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. H. HI, and VI for changes of owner,				
-	(Date)		well name or number, or transport	iii, and VI for changes of owner, er, or other such change of condition.			

TILE	RICO OIL CONSERVATION COMM. FON REQUEST FOR ALLOWABLE AND N TO TRANSPORT CIL AND NATURAL GA	Form C-194 Supersedes Old C+104 and C- Effective 1-1-65 S				
TRANSPORTER OIL GAS OPERATOR I. PRORATION OFFICE Operator						
SUN OIL COMPANY						
P.O. Box 1861, Midland, TX 79702 Reason(s) for filing (Check proper box)						
New Well Change in Transporte Recompletion Cil Change in Ownership Casingheari Gas	of: Dry Gas Condensate					
If change of ownership give name and address of previous owner <u>SUN TEXAS COMPAN</u>	, P.O. Box 4067, Midland, TX 797	/04				
DESCRIPTION OF WELL AND LEASE						
	-Mattix 7 Rvrs. Q.Gryb State, Federal or	Fee State A 983				
Unit Letter E 1980 Feet From The NO	th 660 Feet From The	West				
Line of Section 15 Township 23-S	Bange 36-E , NMPM,	Lea				
. DESIGNATION OF TRANSPORTER OF OIL AND NAT	, contract,	County .				
Name of Authorized Transporter of Oil or Condensate	UN.12 U.15	copy of this form is to be sent)				
Nome of Authorized Transporter of Casinghead Gas or Dry	as Address iGive address to which approved	copy of this form is to be sent)				
If well produces oil or liquids, Unit Sec. Twp. give location of tanks.	Rge. Is gas actually connected? When					
If this production is commingled with that from any other lea	e or pool, give comminging order number					
COMPLETION DATA		ug Back Same Restv. Diff. Restv				
Designate Type of Completion - (X) Date Spuddea Date Compl. Ready to Proc		B.T.D.				
Elevations (DF, RKB, RT, GR, etc., Name of Producing Format	· · · · · · · · · · · · · · · · · · ·					
Perforations	on Top Cii/Gas Pay Tu	bing Depth				
	pth Casing Shee					
HOLE SIZE CASING & TUBING	SING, AND CEMENTING RECORD	SACKS CEMENT				
TEST DATA AND REQUEST FOR ALLOWABLE (Tes OIL WELL abl	must be after recovery of total volume of load oil and n for this death or be for full 24 because	nust be equal to or exceed top allow				
DIL WEIL able for this depth or be for full 24 hours) Date First New Cil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
Length of Test Tubing Pressure	Casing Pressure Ch	cre Size				
Actual Pred. During Test Oil-Bbis.	Water - Bbls. Ga	-MCF				
GAS WELL Actual Prod. Test-MCF/D Longth of Test	Bbis. Condensate/MMCF Gro					
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in		wity of Condensate				
	Casing Pressure (Shut-in) Cho	ske Size				
CERTIFICATE OF COMPLIANCE	OIL CONSERVATIO	N COMMISSION				
I hereby certify that the rules and regulations of the Oil Cont Commission have been complied with and that the informati						
above is true and complete to the best of my knowledge an	I belief. BYJerry Setting	<u></u>				
		TITLE				
(Signature)	If this is a request for allowable	for a newly drilled or deenened				
Production/Proration Supervisor	tests taken on the well in accordance	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,				
(Title)	able on new and recompleted wells.					
<u>July 1, 1981</u>		and the fact that the				

V

	SANIAFE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65				
	FILE U.S.G.S.	AUT RIZATION TO TRA	AND	GAS				
	LAND OFFICE		· · · · · · · · · · · · · · · · · · ·					
	IRANSPORTER OIL							
	GAS	4 .						
	OPERATOR PRORATION OFFICE			이 사람이 아파				
•	Operator			and the state of the state and				
	SUN TEXAS CC	MPANY						
Address								
	P. O. Box 40 Reason(s) for filing (Check proper box)		79704 Other (Please explain)					
	New Woll	Change in Transporter ol:						
	Recompletion	Oil Dry Go Casinghead Gas Conder	「「」					
	Change in Ownership X	Casinghead Gas Conder						
	If change of ownership give name and address of previous owner	TEXAS PACIFIC OIL COMP	ANY, INC. P. O. Box 40	067 Midland, TX, 79704				
۱.	DESCRIPTION OF WELL AND I	Well No.; Pool Name, Including Fo	ormation Kind of Lea	Lease No.				
	state A" AC 1	59 LANglie Mattix-	RVRS Q. (Justate, Fode	ral or Fee A 983				
	Location ///	a shall		inter-t				
	Unit Letter F : 1981	Feet From The AlekTA_Lin	e and <u>((())</u> Feet From	n The				
	Line of Section 15 Tow	mship 23-5 Range	36-E , NMPM, 1	- County				
			Tri d					
١.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	Address (Give address to which appr	roved copy of this form is to be sent)				
	Ner.e of Authorized Humsporter of On			-				
	Nome of Authorized Transporter of Cas	ingh=ad Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)				
		Unit Sec. Twp. Pge.	Is gas actually connected?	Then				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.						
		h 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'v. Diff. Res'v.				
	Designate Type of Completio							
	Date 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 Formation						
	Perforations	I		Depth Casing Shoe				
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	HOLE SIZE							
,	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be af	fier recovery of total volume of load of	Il and must be equal to or exceed top allow-				
•	OIL WELL	able for this dep Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)				
	Date First New Oil Run To Tanks			-				
	Length of Test	Tubing Pressue	Casing Pressure	Chox Six				
			Water-Bbls.	Gas-MCF				
	Actual Prod. During Test	0 2.5						
	l			· · ·				
	GAS WELL	Longth of Tost	Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test						
	Testing Method (pitol, back pr.)	Tubing Pressure (Shat-in)	Cosing Pressure (Shut-in)	Choke Size				
			S OIL CONSERV					
۱.	CERTIFICATE OF COMPLIANC	:Е	OIL CONSERV	ATION COMMISSION				
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19				
		ith and that the information given best of my knowledge and belief.	BY					
	above is true and complete to the		TITLE	·				
	· · · · · · · · · · · · · · · · · · ·	1	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					
	Signa	IND	well, this form must be accomp tests taken on the well in acc	ordence with RULE 111.				
	Regional Operatio	ons Superintendent/West	All sections of this form = able on new and recompleted w	oust be filled out completely for allow-				
	(Tit)	"SEP 1 2 1980		TI TIL and VI for changes of owner.				
	(Dal		well name or number, or transpo	st be filed for each pool in multiply				
	• • • •		-com:	<u> </u>				