ies Old C-104 and C-1 e 1-,-55 Lease ::c. Ite County rm is to be sent; rm is to be sent;
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RULE 1104. drilled or deepened
ion of the deviation E 111. ompletely for allow-
changes of owner, change of condition.

	DISTRIBUTION SANTA FE		CONSERVATION COM SION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
1.	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GAS	5
	Sun Exploration &	Production Co.		
	P. O. Box 1861, Mi Reason(s) for filing (Check proper box			
	New We!l Recompletion Change in Ownership	Change in Transporter of: Oll Dry G Casinghead Gas Conde	From: Sun Uil	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND			
	Lease Name State "A" A/C 1 Location	Vell No. Pool Name, Including F 33 Langlie Matti	Formation Kind of Lease IX 7 RVTS.Q.Gryb. ^{State} , Federal or	Fee State NM 2A
	Unit Letter F : 165	50 Feet From The <u>North</u> Lin	ne and <u>1650</u> Feet From The	West
	Line of Section 15 To	winship 23-S Range	36-Е , ммрм, Lea	County
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS TA'd Address (Give address to which approved	copy of this form is to be sent)
	Name of Authorized Transporter of Ca		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	
IV.	If this production is commingled win COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
	Designate Type of Completi	on - (X)	New Well Workover Deepen P	lug 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 Cil/Gas Pay	ubing Depth
	Perforations		D	epth Casing Shoe
	HOLESIZE	TUBING, CASING, AN	D CEMENTING RECORD	
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST F OIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil and epth or be for full 24 hours) Producing Method (Flow, pump, gas lift, e	-
	Length of Test	Tubing Pressure	Casing Pressure C	hoke Size
	Actual Prod. During Test	Oil-Bbls.		as - MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF G	ravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) C	hoke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATI	
	Commission have been complied v	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	APPROVED	
			TITLE	
-	DerAmkemp	ature j	This form is to be filed in com If this is a request for allowabl well, this form must be accompanied	e for a newly drilled or deepened
	Acct. Asst. II	ature j	tests taken on the well in accordan	ce with RULE 111.

12-17-81

(Title) (Date) 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. Sectors Forme C-104 must be filled for each cool in multiply

	DISTRIBUTION GANTA FE FILE J.S.G.S. LAND OFFICE I RANSPORTER OPERATOR	REQUEST F	ONSERVATION COMMI ON FOR ALLOWABLE AND NSPORT CIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS
1.	PRORATION OFFICE Cperator SUN OIL COMPANY Address P.O. Box 1861, Midland	, TX 79702		
	Reason(s) for tiling (Check proper box) New We!l Recompletion Change in Cwnership X			
	If change of ownership give name and address of previous owner	SUN TEXAS COMPANY, P.O.	Box 4067, Midland, TX	79704
П.	DESCRIPTION OF WELL AND I Lease Name	Weir No. Fool Name, Including Fo		
	State "A" A/C 1	33 Jalmat Tansill	Yts 7 Rvrs. GAS State, Feder	a: or Fee State
	Unit Letter F ; 165	0Feet From TheNorth_Line	e and 1650 Feet From	The West
	Line of Section 15 Tow	mship 23-S Range	36-Е , ммем,	Lea County
!II.		TER OF OIL AND NATURAL GA		·
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr-	oved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	ingneed Gas or Dry Gas X	Address (Give address to which appr Jal, NM 88252	oved copy of this form is to be sent)
	El Paso Natural Gas If well produces oil or liquids,	Unit Sec. Twp. P.ge.		hen
	give location of tanks.	h that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA	Cii Well Gas Well	New Well Workover Deepen	Plug Back - Same Resty, Diff. Resty,
	Designate Type of Completic			P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B. Y.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	Perforations		4	Depth Casing Shoe
-		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			i	
			: 	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load of pth or be for full 24 hours)	l and must be equal to or exceed top allow-
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lijt, etc.j
	Longin of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Teet	C11-5010.	Water-Bols.	Gas - MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Tast	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	Chake Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
	I hereby certify that the rules and a	regulations of the Oil Conservation	APPROVED	الإتمادة المراجع
	Commission have been complied w above is true and complete to the	with and that the information given best of my knowledge and belief.	BYS	#atom
			TITLE	
	Eugen			compliance with RULE 1104.

(Signature) Production/Proration Supervisor (Title)

July 1, 1981

(Date)

APPROVED		, 19
	One Stred Po	
BY	Jarry Santon	
	Den 1. Sugar	
TITLE		<u></u>

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. Secure: Forme C-104 must be filled for each pool in multiply

DISTRIBUTION SANTA FE	· · · · · · · · · · · · · · · · · · ·	CONSERVATION COMMISSION	Form C+104
FILE	REQUEST	FOR ALLOWABLE AND	Supersedes Old C+104 and C Effective 1-1-55
J.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	G12
LAND OFFICE			
TRANSPORTER OIL			
OPERATOR GAS			
PRORATION OFFICE		-	
Operator SUN OIL COMPANY			
Address			
P.O. Box 1861, Midlan Reason(s) for filing (Check proper bu		Other (Please explain)	
New Well	Change in Transporter of:	Other (Flease explain)	
Recompletion	Oil Dry G	ns 📃	
Change in Ownership X	Casinghead Gas Conde	msate	
If change of ownership give name and address of previous owner	SUN TEXAS COMPANY, P.O.	Box 4067, Midland, TX	79704
DESCRIPTION OF WELL AND) LEASE		
Lease Name	Market Market Council Market Council Andrews	Formation Kind of Leas	e Lease N
State "A" A/C-1	33 Langlie-Matti	x 7 Rvrs.Q.Gryb. State, Foder	nierFee State NM-2A
Unit Letter F , 165	0Feet From The North	1650	West
Unit Letter;00	Feet From TheLi		· · · · · · · · · · · · · · · · · · ·
Line of Section 15 T	ownship 23-S Range	<u> 36-Е , ммрм,</u>	Lea Count
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL G	as TA'd	·
Name of Authorized Transporter of C		Address (Give address to which appro	oved copy of this form is to be sent)
			•
Name of Authorized Transporter of C	asingnead Gas 🗍 👘 or Dry Gas 🦳 🦷	Address (Give address to which appro	ved copy of this form is to be sent)
	Unit Sec. Twp. Ege.	Is gas actually connected?	en.
If well produces oil or liquids, give location of tanks.			
	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Re
Designate Type of Complet	ion $-(X)$		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,			
Lievations (DF, KKB, R7, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations		" <u></u>	Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
HOLE 3122		UEFTH SET	SACKS CEMENT
			1
			·
		<u> </u>	<u> </u>
TEST DATA AND REQUEST I OIL WELL		after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top al
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas in	fi, esc.)
Length of Test	Tubing Pressure	Casing Preasure	Chore Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF
	1		
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)	
	I drind Massers (Budd-In)	Commy Pressure (Baut-12)	Choke Size
CERTIFICATE OF COMPLIAN	KCE	OIL CONSERVA	TION COMMISSION
I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation with and that the information given		, 19
above is true and complete to th	e best of my knowledge and belief.	BY	
\bigcirc			·
		This form is to be filed in	compliance with RULE 1104.
			vable for a newly drilled or deepe
Oufran			nied by a tabulation of the deviat
(Siz	nature)	tests taken on the well in acco	rdance with RULE 111.
Isign Production/Proration	Supervisor	tests taken on the well in acco All sections of this form mu	ist be filled out completely for all
Isign Production/Proration		tests taken on the well in acco All sections of this form mu able on new and recompleted we	ist be filled out completely for all

O. COPIES RECEIVED		Form C-113
DATRIBUTION		Supersedes Old
T · FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effecti ve 1-1-65
5. G.3.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5, State Oll & Gas Lease No.
C111		
(DO NOT USE THIS FORM FUR USE TAPAL	DRY NOTICES AND REPORTS ON WELLS Propagals to daily on to depend of plug back to a different reservoir.	
L. OIL GAS WELL WILL	OTHER-	7, Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Sun Texas Company	/	State "A" A/C-1
3. Address of Operator		9, Well No.
P.O. Box 4067, Mi	dland, Texas 79704	33
4. Location of Well		10. Field and Pool, or Wildsat
UNIT LETTERF	1650 FEET FROM THE North LINE AND 1650 FEET FR	M Langlie Mattix
THE West LINE, DE	CTION 15 TOWNSHIP 23-S RANGE 36-E NME	» (

	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
		Lea Allilli
¹⁶ . Chec	k Appropriate Box To Indicate Nature of Notice, Report or G)ther Data
		NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
i		ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	
TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND COMMENCE DRILLING OPNS.	

Well temporarily abandoned 2-01-75. Holding well for future secondary recovery operations.

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

SIGNED R	Ollent - L7	REG. OPR. SUPT.	<u>1-22-81</u>
APPROVED BY	Vala Signed by	T:T:E	DATE
CONDITIONS OF A	PPROVAL, FRANY:		

FILE AND U.S.G.S. AUT LAND OFFICE AUT IRANSPORTER OIL GAS GAS OPERATOR OPERATOR Operation SUN TEXAS COMPANY Address P. O. Box 4067 Midland, Texas Progration Change in Transporter of: New Weil Change in Transporter of: Recompletion OIL OIL Dry Gas Change in Ownership X Castaghead Gas
I R ANSPORTER OIL GAS OPERATOR PHORATION OFFICE Operator SUN TEXAS COMPANY Address P. O. Box 4067 Midland, Texas 79704 Reason(s) for filing (Check proper bax) New Well Change in Transporter of: Recompletion Oil Dry Cas Change in Ownership X
GAS OPEHATOR PHORATION OFFICE Operator SUN TEXAS COMPANY Address P. O. Box 4067 Midland, Texas Point Change in Transporter of: New Well Other (Please explain) Other (Please explain) Change in Transporter of: Recompletion Other Condensate
Operator SUN TEXAS COMPANY Address P. O. Box 4067 Midland, Texas 79704 Reason(s) for filing (Check proper box) Other (Please explain) Other (Please explain) New Well Change in Transporter of: Other (Please explain) Recompletion Otil Dry Gas Other (Please explain) Change in Ownership X Casinghead Gas Condensate Other (Please explain)
Address P. O. Box 4067 Midland, Texas 79704 Reoson(s) for liling (Check proper bax) Other (Please explain) Other (Please explain) New We!l Change in Transporter of: Other (Please explain) Recompletion Otil Dry Gas Chonge in Ownership X Casinghead Gas Condensate
Reason(s) for filing (Check proper baz) Change in Transporter of: Other (Please explain) New Wall Other of: Dry Gas Recompletion Other of: Condensate Change in Ownership X Casinghead Gas Condensate
Recompletion Oil Dry Gas Change in Ownership X Casinghead Gas Condensate
If change of ownership give name TEXAS PACIFIC OTL COMPANY, INC. P. O. Box 4067 Midland, TX, 79' and address of previous owner TEXAS PACIFIC OTL COMPANY, INC. P. O. Box 4067 Midland, TX, 79'
I. DESCRIPTION OF WELL AND LEASE Well No.: Pool Name, Including Formation Kind of Lease Lease
State "A" ARI 33 LANG/je MAHIN- PURS Q Grups Dederal or Fee NM-2
Unit Letter F : 1650 Feet From The Niteth Line and 1650 Feet From The UNEST
Line of Section 15 Township 23-5 Range 36-E, NMPM, 1-eA Coun
1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS THC Nome of Authorized Transporter of OIL or Condensate Address (Give address to which approved copy of this form is to be sent)
Nume of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
lf well produces oil or liquids, Unit Sec. Twp. P.ge. Is gas actually connected? When give location of tanks.
If this production is commingled with that from any other lease or pool, give commingling order number:
V. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Re
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Cil/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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top al
able for this depth or be for full 24 hours)
Date First New Oil Run To Tonks Date of Test
Length of Test Tubing Pressure Cosing 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 (Ehst-in) Casing Pressure (Ebst-in) Choke Size
I. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Very Carly, Signed by
Commission have been complete with and that the internet and belief. BY Jerry Sexton
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper (Signature) (Signature)
Regional Operations Superintendent/West All sections of this form must be fulled out completely for all
(Title) SEP 1 2 1980 able on new and recompleted activity and VI for changes of own Fill out only Sections I. II. III, and VI for changes of own Fill out only Sections I. II. III, and VI for changes of condit
Separate Forms C-104 must be filed for each pool in much