STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	SANTA FE		+	+
	FILE			
	U.S.G.A.		┼─	
•	LAND OFFICE		 	
7	TRANSPORTER	DIL	 - 	
		GAS	1	
. 1	DPERATOR		1	
	PROMATION OFFICE		 	

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

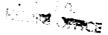
PROMATION OFFICE	AND				
Operator	UNSPORT OIL AND NATURAL GAS				
Sun Exploration & Production Co.					
AGG:000					
P. O. Box 1861, Midland, Texas 79702	*				
Reason(s) for tiling (Check proper box) New Well	Other (Piease explain)				
Change in Transporter of:	To correct Field name from Langlie				
Change in Ownership Cazinghead Gas	Mattix 7 Rvrs Queen Grayburg. All				
If change of awnership give name	Condensate perfs are in Jalmat zone				
and address of previous owner	and the second s				
II. DESCRIPTION OF WELL AND LEASE					
Legae Name Well AND LEASE Well No. Pool Name, Including	API No. 30-025-27962				
State MAN A/C 1 - 115 Jalmat Tansi	11 Yates Seven				
Location	Rivers State 983-2				
Unit Letter F 1700 Feet From The north	Ine and 1980 Feet From The West				
Line of Section 9 Township 23-5 Range	2/ 5				
Trange .	, NMPM, COUNTY				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	AL GAS				
or Condensate	Againes (Give address to watch approved conviction)				
Texas-New Mexico Pipeline Co. Name of Authorized Transporter of Casingneed Gas X or Day Gas I	11. 0. box 1510, murand, rexas 79702				
Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquide, Unit Sec. Twp. Rge.	Tour rendrook, odessa, rexas /9/62				
give location of lanks.					
If this production is commingled with that from any other lease or pool,	1-17-83 8 A.M.				
NOTE: Complete Parts IV and V on reverse side if necessary.	or something often number				
VI. CERTIFICATE OF COMPLIANCE	'n				
II UIL CUNSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives					
been complied with and that the information given is true and complete to the best of my knowledge and belief.	, 19				
	BY				
	TITLE BEECH STORY				
Maria L. Pero	This form is to be filed in compliance with RULE 1104.				
(Signature)					
Sr. Acctng. Asst.	tects taken on the well in accordance with nur well in				
9-26-84	All cections of this form must be filled out completely for allowable on new and recompleted wells.				
(Date)	Fill out only and the man				
ll .	Separate Forms C-104 must be filed for each pool in multiply completed wells.				

Designate Type of Complet	ion - (X) Oll Well Gas Wel	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, A	AND CEMENTING RECORD	
HOLE SIZE	CASING & TURING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this	e after recovery of total volume of load is e depth or be for full 24 hours)	oil and must be equal to or exceed top allo
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas nift, ctc.)	
Longth of Toes	Juping Pressure	Casing Pressure	Chore Size
Actual Press, During Test	Cil-Bhis.	Water - is bis.	Gat-MOF
GAS WELL			
Actual Prog. Tost-MCF/D	Length of Test	Bblz. Condensate/MMCF	Gravity of Condensate
	1		- Solutions
Testing Method (phot, back pr.)	Tubing Pressure (Shut-jn)	Cosing Pressure (Shut-in)	Choke Size

IV. COMPLETION DATA

PYTEVED

SEP 27 1984



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