

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Sun Exploration & Production Co.

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

CASINGHEAD GAS MUST NOT BE FLARED AFTER 10/1/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Emery King, N.W.	Well No. 6	Pool Name, Including Formation Langlie Mattix Seven Rvrs	Kind of Lease State, Federal or Fee	Fee MMJ549	Lease No. MMJ549
Location Queen Grayburg					
Unit Letter C	440	Feet From The North	Line and 2200	Feet From The West	
Line of Section 1	Township 23-S	Range 36-E	, NMPM, Lea County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sun Refining & Marketing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3187, Longview, TX 75606
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks. Unit: C, Sec: 1, Twp: 23-S, Rge: 36-E	Is gas actually connected? No When Gas TSTM, waiting on well to pump down

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Maria L. Perez
(Signature)
Senior Accounting Assistant
(Title)
July 31, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG - 7 1984, 19
BY ORIGINAL SIGNED BY JERRY
DISTRICT SUPERVISOR
TITLE _____

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas well	New Well X	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res't
Date Spudded 5-29-84	Date Compl. Ready to Prod. 6-5-84	Total Depth 3800'		P.B.T.D. 3784'					
Elevations (DF, RKB, RT, GR, etc.) 3421' GR	Name of Producing Formation Seven Rivers & Queen	Top Oil/Gas Pay 3582		Tubing Depth 2-3/8" @ 3542'					
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	568'	400 sxs "C"
7-7/8"	5-1/2"	3800'	925 sxs Lite, "C", 50-50 poz

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-9-84	Date of Test 7-30-84	Producing Method (Flow, pump, gas lift, etc.) Pump 2 x 1 1/2 x 16'	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. 36	Gas - MMCF 1

GAS WELL

Actual Prod. Test - MMCF/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

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Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.
NMJ 549

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Sun Exploration & Production Company	8. Farm or Lease Name Emery King, NW
3. Address of Operator P. O. Box 1861, Midland, Texas 79702	9. Well No. 6
4. Location of well UNIT LETTER <u>C</u> <u>440</u> FEET FROM THE <u>North</u> LINE AND <u>2200</u> FEET FROM THE <u>West</u> LINE, SECTION <u>1</u> TOWNSHIP <u>23-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat Langlie Mattix Seven Rivers Queen Grayburg
15. Elevation (Show whether DF, RT, GR, etc.) 3421' GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER Spudded, set 8 5/8" & 5 1/2" csg ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5-29-84 Spudded at 9:15 p.m. 5-29-84

5-30-84 R & C 14 jts 8 5/8" csg. CS @ 568', BP 531, Howco cmt'd w/400 sxs "C" cmt 2% CaCl₂, 1/4# flocele per sk, FP 400-800, circ'd 100 sxs cmt.

6-5-84 R & C 92 jts 5 1/2" csg, CS @ 3800', FC @ 3759, Howco pumped 20 bbls mud flush, 5 bbls 2% KCl, 20 bbls Flochek 21, 5 bbls 2% KCl, Howco cmt'd w/725 sxs lite w/15% salt, 1/4# flocele followed by 200 sxs "C" 50-50 poz w/2% gel, 12% salt, FP 1200-1600, circ 97 sxs cmt. TD 3800', PBD 3784'

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

SIGNED Marian L. Perez TITLE Senior Accounting Assistant DATE 8-3-84
APPROVED BY [Signature] DATE AUG - 7 1984
CONDITIONS OF APPROVAL, IF ANY: