

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format CS-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:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Originally applied for as a WIW, but
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	complete as an oil well. C-102 attached.
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE API No. 30-025-28514

Lease Name State "A" A/C-1	Well No. 119	Pool Name, Including Formation Langlie Mattix Seven Rivers	Kind of Lease State, Federal or Fee	Lease No. 983-2
Location Unit Letter P : 1295 Feet From The South Line and 1295 Feet From The East				
Line of Section 3 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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Company	P.O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes

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 Perry DuAm
(Signature)
Senior Accounting Assistant
(Title)
April 30, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 2 1984, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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'tv.
Date Spudded 2-26-84	Date Compl. Ready to Prod. 3-5-84		Total Depth 3780'		P.B.T.D. 3775'				
Elevations (DF, RKB, RT, GR, etc.) 3461.1' GR	Name of Producing Formation Langlie Mattix		Top Oil/Gas Pay 3565'		Tubing Depth 2-3/8" csg @ 3600'				
Perforations 3732-3742, 3722-3732, 3692-3722, 3637-3668						Depth Casing Shoe 5 1/2" csg @ 3780'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4" csg	8-5/8"		459'		275SXS				
7-7/8" csg	5-1/2"		3780'		875SXS				
	2-3/8" tbq								

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 3-31-84	Date of Test 4-25-84	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" x 1 1/2" x 12'	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 19	Water - Bbls. 22	Gas - MCF 40

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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O.C.D.
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