



TONEY ANAYA
GOVERNOR

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

July 16, 1985

50 YEARS



1935 - 1985

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88240
(505) 393-6161

Sun Exploration & Production Company
P. O. Box 1861
Midland, Texas 79702

Gentlemen:

Due to the recently submitted gas-oil ratio test for your State "A" A/C 1 Well No. 2 located in Unit L of Section 21, T-23-S, R-36-E, it will be reclassified as a gas well in the Jalmat Gas Pool effective September 1, 1985, and the oil allowable will be cancelled that date. Before a gas allowable can be assigned, it will be necessary for you to comply with the provisions of Division Order No. R-1670 governing gas wells in the Jalmat Pool.

The gas-oil ratio test for the Cooper "B" No. 3 located in Unit A of Section 14, T-24-S, R-36-E, requires that it be reclassified as an oil well in the Jalmat Pool effective September 1. Therefore, please submit two copies of a revised Form C-102 outlining a 40 acre proration unit for the oil well classification.

Yours very truly,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District 1

mc

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2083
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 Company
Address
P.O. Box 1861 Midland, TX 79702
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☒ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cooper "B"</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Jalmat Tansill Yates Seven Rivers (Gas)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>24-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Sun Refining & Marketing Co</u>	<u>P.O. Box 3187 Longview, TX 75606</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 1384 Jal, New Mexico 88252</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>14</u> Twp. <u>24-S</u> Rge. <u>36-E</u>	<u>Yes</u> <u>10-27-78</u>

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.

Dee Ann Kemp
Associate Accountant (Signature)

4/30/85

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

MAY 8 1985

BY

Eddie W. Sany

TITLE

Oil & Gas Inspector

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 multiple completed wells.