NO. OF COPIES DECEIVED	-1	~	٤
DISTRIBUTION SANTA FE	r	FOR ALLOWABLE	form C=104 Supersedes Old C=104 and C=11 Effective 1=1=65
1 11.E U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL (
IRANSPORTER OIL	-	-	
GAS OPERATOR	-		
PRORATION OFFICE]		·
Doyle Harts	nan		
Post Office			
Reason(s) for filing (Check proper bo New Well	*/ Change in Transporter of:	Other (Please explain)	
Recompletion Change in Ownership X	Oil Dry Go Caainghead Gas Conder	751	
If change of ownership give name and address of previous owner	Sun Exploration & Product	tion Co. P. O. Box 1861	Midland, TX 79702
DESCRIPTION OF WELL AND	•		· ,
Lease Name Cooper "B"	Well No. Pool Name, Including F	ormation Kind of Leas Yates 7 Rivers State, Federa	Lease
Location · D			
Unit Letter ;			County
		(\cdot,\cdot)	Cosiny
Name of Authorized Transporter of Ol	TER OF OIL AND NATURAL GA	Addites (Give address to which appro	
None of Authorized Transporter of Co		Address (Give address to which appro	
If well produces oil or liquida, give location of tanks.	Unit Sec. Twp. Rge.	ls gas actually connected? Who 	en
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	Plug Back Same Hes'v. Diif. Res'v.
Designate Type of Completi	on – (X)		P.B.T.D.
Date Spuddod	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoo
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
······································			
	•		
	OR ALLOWABLE (Test must be a chief for this de	fier recovery of total volume of load oil pith or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL Dute First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(L. elc.)
Length of Teat	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Tool	Oil • Bble.	Water - Bble.	Gae - MCF
l	1	I	J
GAS WELL Actual Fred, Teol-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condenecte
Testing kisikad (pitot, back pr.)	Tubing Prossure (lihui-iu)	Cosing Pressure (Shut-in)	Choke Size
. CERTIFICATE OF COMPLIAN	CE		
I hereby cortify that the rules and	regulations of the Oil Conservation		0 1986
Commission have been complied above is true and complete to th	with and that the information given a beat of my knowledge and belief.		D BY JERRY SEXTON
<u>^</u>			compliance with RULE 1104.
Lany Q. No.		I state to a sequent for allow	rebin for a newly dills i or depended nicd by a tabulation of the deviation
(Sign Engineer	ature)	tests taken on the well in accor	dunco with AULE 113. nt bo filled out completely for Allow-
and the second se	itle)	while on new and incompleted ve	dig. 111. and VI for china on of assume,
· · · · · · · · · · · · · · · · · · ·	ule)	well name or number, or transport	er, of other such thange of condition.



STATE OF NEW MEXICO			• •				•
ENERGY AND MINERALS DEPARTN	IENT						
			•			Form C-104	
DISTRIBUTION SANTA FE		ONSER			<u></u>	Revised 10- Format 06-0	
FILE			BOX 2088	DIVISI	ON	Page 1	1-03
U.B.G.S.	SAN						-
LAND OFFICE	541	ITA FE, N	EW MEX	CO 8750			
TRANSPORTER OIL	- .						•
OPERATOR		REQUEST	FOR ALLON	ABLE			
PROMATION OFFICE			AND		•		
I	AUTHORIZATI	ON TO TRA	NSPORT OI	L AND NAT	URAL GAS		
Operator							
SUN EXPLORATION & PROD	JUCTION CO.						
Address	·····						
P.O. Box 1861, Midlan		12					
Reason(s) for filing (Check proper be	oxj		······	0.1			
New Well	Change in Transp	orter of:		Other (Pleas	e explain)		
Recompletion			Dry Gas				
Change in Ownership	Casinghead (Condensate	CHANGE	TO BE EFFECTIVE	JUNE 1.	1984
DESCRIPTION OF WELL AN	VD LEASE						
Cooper B	Well No. Pool No				Kind of Leaso		Lease No.
	<u>- 4 Jalm</u>	<u>at Tansil</u>	<u>11 Yt 7Rv</u>	rs	State, Foderal or Fee St	ate	NMJ-533
B cc	^						
Unit Letter B ; 66	O Feet From The	North L	ine and	2310	Feet From The Eas	t	
Line of Section 14 To	04.0						
Line of sterion 14 To	ownship 24-S	Range	<u>36-E</u>	, ММРМ	Lea		County
I. DESIGNATION OF TRANS	DODTED OF OT AL						
I. DESIGNATION OF TRANS	I X or Condensate	D NATURA	L GAS	<u> </u>	d well		
un Refining & Marketin		•		Dov 2107	o which approved copy of th	is form is to	be sent)
lame of Authorized Transporter of Ca					Longview, Texas		
,		ry Gas	Address (C	ive address t	o which approved copy of th	is form is to	be sent)
	Unit Sec. Twi						· .
well produces oil or liquids, ive location of tanzs.	Unit Sec. Twi	p. Rge.	ls gas actu	ally connecte	d? When		
	i				3		
this production is commingled with	th that from any other l	case or pool,	give commi	ngling order	number:		
OTE: Complete Parts IV and	V on reverse side if un	60550***		-		·	
			D				
. CERTIFICATE OF COMPLIA	NCE		11				

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.

(Signature

Accountant

May 14, 1984

(Tile)

(Date)

OIL	CONSER	VATIO	1984 ISION	
APPROVED	MAY	16	1984	•

ORIGINAL SIGNED BY JERPY SEXTON BY_ DISTRICT I SUPERVISOR

TITLE.

H

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 AULE 111.

19

All sections of this form must be filled out completely for sllowable on now 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 Completi	on - (X)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Resty
Date Spudded	Date Comp	I. Ready to Pr	od.	Total Dept	h	- i	P.B.T.D.		·
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Forme	ation	Top Oll/Go	is Pay		Tubing Dep	th	
Perforations							Depth Casir	ng Shoe	
		TUBING, C	ASING, AN	D CEMENTI	NG RECOR				
HOLE SIZE	CASI	NG & TUBIN			DEPTH SE		SA	CKS CEMEN	۱۲
		·							
	<u> </u>			1					·····

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 allow-OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, cic.)		
Length of Test	Tubing Pressure	Casing Pressure	Chore Size	
Actual Prod. During Test	Oll-Bhis.	Water-Bbis.	Gas + MCF	
]				

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbiz. Condensate/MMCF	Gravity of Condensate	
Testing Method (pilot, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shut-in)	Chore Size	
L				

MAY IS IBBA

	J.S.G.S.		EST FOR ALLOWABLE AND TRANSPORT OIL AND NATUR	Form C-104 Supersedes Old C-104 and C Elfoctive 1-1-55 RAL GAS
1.	IRANSPORTER OIL GAS GAS OPERATOR PRORATION OFFICE Operator Operator			
		& Production Co.		
	Address P. O. Box 1861,	Midland, Texas 79702		
	Reason(s) for filing (Check prope	r boxj	Other (Please explain	
	Recompletion		y Gas Name Cha Andensate From: Su	nge Only In Oil Company
	If change of ownership give name and address of previous owner.	ne		
	DESCRIPTION OF WELL A		ng Formation Kind of	
-	Cooper "B"	4 Jalmat Tans	sill Yates 7 Rvrs. State, F	rederal or Fee Fee NMJ 533
	Unit LetterB	660 Feet From The North	Line and 2310	
L	Line of Section 14	Township 24-S Bange	76 5	
III. I	DESIGNATION OF TRANSP		, INMPM,	Lea County
ſ	Name of Authorized Transporter of	CII cr Condensate		approved copy of this form is to be sent;
┢	Nome of Authorized Transporter of	Casinghead Gas or Dry Gas		
-			Address (Give address to which a	approved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected?	When
	f this production is commingled	with that from any other lease or poo	ol, give commingling order number	
	Designate Type of Comple			
	Date Spudded	Date Compl. Ready to Prod.		Plug Back Same Resty, Diff. Resty
	levelor (DE DVD		Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
F	Perforations			Depth Casing Shoe
		TUBING, CASING, A	ND CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TI	EST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of source and and	
0	IL WELL ate First New Oil Run To Tanks	able for this a		oil and must be equal to or exceed top allow-
	ength of Test		Producing Method (Flow, pump, ga.	s lift, etc.)
		Tubing Pressure	Casing Pressure	Choke Size
	ctual Prod. During Test	Oll-Bbls.	Water-Bbls.	
A				Gas - MCF
[Gas-MCF
[AS WELL stual Prod. Test-MCF/D	Length of Test		Gas-MCF
GA Ac	ctual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
GA Ac		Length of Test Tubing Pressure (Shut-in)		
GA Ac	ctual Prod. Test-MCF/D	Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
GA /1. CE I he	erreby certify that the output	Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV	Gravity of Condensate Choke Size /ATION COMMISSION
GA Ac Te /I. CE I he Con	CRTIFICATE OF COMPLIAN	Tubing Pressure (Shut-in) ICE in regulations of the Oil Conservation	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV APPROVED	Gravity of Condensate Choke Size /ATION COMMISSION
GA Ac Te /I. CE I he Con	CRTIFICATE OF COMPLIAN	Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV APPROVED BY	Gravity of Condensate Choke Size /ATION COMMISSION
GA Ac Te /I. CE I he Con	CRTIFICATE OF COMPLIAN	Tubing Pressure (Shut-in) ICE in regulations of the Oil Conservation	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV APPROVED BY TITLE	Gravity of Condensate Choke Size /ATION COMMISSION
GA Ac Te /I. CE I he Con	Citual Prod. Test-MCF/D Desting Method (pitot, back pr.) CRTIFICATE OF COMPLIAN ereby certify that the rules and nmission have been complied ve is true and complete to th DIAM	Tubing Pressure (Shut-in) ICE in regulations of the Oil Conservation with and that the information given e beat of my knowledge and belief.	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV APPROVED BY TITLE This form is to be filed in If this is a request for all	Gravity of Condensate Choke Size /ATION COMMISSION , 19 to to compliance with RULE 1104.
GA Ac Te /I. CE I he Con	CRTIFICATE OF COMPLIAN CRTIFICATE OF COMPLIAN CRTIFICATE of compliant creby certify that the rules and numission have been complied ve is true and complete to th DuAm (Sign Acct. Asst. II	Tubing Pressure (Shut-in) ICE in regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV APPROVED BY	Gravity of Condensate Choke Size /ATION COMMISSION
GA Ac Te /I. CE I he Con	CRTIFICATE OF COMPLIAN CRTIFICATE OF COMPLIAN CRTIFICATE of compliant creby certify that the rules and numission have been complied ve is true and complete to th DuAm (Sign Acct. Asst. II	Tubing Pressure (Shut-in) ICE in regulations of the Oil Conservation with and that the information given e beat of my knowledge and belief.	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV APPROVED BY TITLE This form is to be filed in If this is a request for allowell, this form must be accomp tests taken on the well in acc All sections of this form m able on new and recompleted w	Gravity of Condensate Choke Size /ATION COMMISSION

DISTRIBUTION		CONSERVATION COMMI ON	Form C+104
162		TEREVIEWARIE	Diotro di Cita (1993) Elitective (1965)
).S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	
LAND OFFICE		AND BRE OIL AND MATURAL	
TRANSPORTER OIL			
OPERATOR	-		
I. PRORATION OFFICE			e.
Operator CIIN OT COMDANY			
SUN OIL COMPANY			
P.O. Box 1861, Mi	dland, TX 79702		
Reason(s) for tiling (Check prop	er box)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion Change in Ownership X	Cil Dry G Casinghead Gas Conde		
		ensate	
If change of ownership give n and address of previous owner		Box 4067, Midland, TX	79704
-			
II. DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, including i		
Cooper "B"		Formation Kind of Lec 1 Yates 7 RMS. State, Fode	
			MJ 533
Unit Letter B ;	660 Feet From The North	ne and 2310 Feet From	The East
			· · · · · · · · · · · · · · · · · · ·
Line of Section 14	Township 24-S Plange	36-Е , ммрм,	Lea County
III. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G.	AS TA'd	
None of Authorized Transporter			roved copy of this form is to be sent)
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which appr	roved copy of this form is to be sent)
	Unit Sec. Twp. Fge.	Is gas actually connected?	Then
If well produces oil or liquids, give location of tanks.		I gas actuary connected?	nen
If this production is commingly	ed with that from any other lease or pool,	give commingling order number	
IV. COMPLETION DATA			
Designate Type of Com	pletion - (X)	New Well Workover Deepen	Plug 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, e	etc., Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations			
			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	1_
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUES	TFOR ALLOWABLE (Test must be a	siter recovery of total volume of load of	l and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tank	able for this de	epth or be for full 24 hours)	
Dute r itst New Cli Aun To Tank	3 Date of Test	Producing Method (Flow, pump, gas	ilft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			1
Actual Prod. During Test	Cil-Bbla.	Water-Bbis.	Gas-MCF
ļ <u></u>			
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	1] 	
VI. CERTIFICATE OF COMPL	IANCE		ATION COMMISSION
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED	
Commission have been compli	led with and that the information given by the best of my knowledge and belief.	11 Order Ston	A G G G G G G G G G G G G G G G G G G G
is the and complete to	when bear of my knowledge and belief.		
()		TITLE Diet L Su	
RUID		This form is to be filed in	compliance with RULE 1104.
Outrai	(Signature)		wable for a newly drilled or deepened
Production/Prorat		tests taken on the well in accomp	anied by a tabulation of the deviation ordence with RULE 111.
	(Tille)	All sections of this form m	ust be filled out completely for allow-
July 1, 1981		able on new and recompleted w Fill out only Sections I.	elis. II. III. and VI for changes of owner.
	(Date)	well name or number, or transpor	rter, or other such change of condition

_			
D	ate	,	

well name or number, or transporter, or other such changes of owner, Senarete Forme C-104 must be filed for each next in multiply

/ ILE		AND	Checkho 1-1-02
U.S.G.S.	AUT RIZATION TO TH	RANSPORT OIL AND	_ GA S
TRANSPORTER OIL GAS			
OPERATOR PRORATION OFFICE			
Operator SUN TEXAS (COMPANY		
Address P. O. Box A	.067 Midland. Texas	79704	
Reason(s) for Illing (Check proper be New Wo!		Other (Please explain)	
Recompletion		Sas	
Change in Ownership X	Casinghead Gas Cond	ensale	
If change of ownership give name and address of previous owner	TEXAS PACIFIC OIL COM	PANY, INC. P. O. Box 40	067 Midland, TX, 7970
I. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including	Formation (Kind of Lee	Dise Lease No.
COODER "B"	4 JAIMAT TA	INSILL VATCTS TRUE Fode	
Unit Letter B;	60 Feel From The North LI	ine and <u>23/0</u> Feet From	n The EAST
Line of Section 14 To	ownship 24-5 Range	310-E. NMPM, 4	County County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS TA'd	
Nome of Authorized Transporter of Of		Address (Give oddress to which appr	oved copy of this form is to be sent)
Nome of Authorized Transporter of Co	asinghead Gas 🚺 or Dry Gas 🗍	Address (Give address to which appr	oved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? W	hen
give location of tanks.	ith that from any other lease or pool,	give commingling order number:	·••
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Completi Date Spudded	On - (X) 1 Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			•
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, ANI	D CEMENTING RECORD	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fier recovery of social volume of load oil	ind must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	
Length of Test	Tubing Pressure	Casing Pressue	Choke Size
Actual Prod. During Test		Water-Bbls.	Gas - MCF
Xerbul Prod. Daring room			
GAS WELL		······································	•
Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensete/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Presswe (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANC	CE		
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED UC 27	າວຊຽ, 19
Commission have been complied w above is true and complete to the	best of my knowledge and belief.	BYOrig_Signe Jerry Sexto	d_by
	in a	TITLE Dist 1. Sup	W.,
	Jen	Trable is a request for allow	able for a newly drilled or deepened
Regional Operation	() ons Superintendent/West	well, this form must be accompa- tests taken on the well in accor	nied by a tabulation of the deviations dence with RULE 111.
		able on new and recompleted we	at be filled out completely for allow- lis.
(Dai	<i>c)</i>	well name or number, or transport	III, and VI for changes of owner, er, or other such change of condition. be filed for each pool in multiply
		Separate Forma C-104 Lider	