я.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE FRANSPORTER OPERATOR PRORATION OFFICE	1	FOR ALLOWABLE AND	ON FURAL GAS	Phim C-144 Superardes Old G-104 and C-1 Lifective 1-1-65		
	Doyle Hartmand Address Post Office Reason(s) for liling (Check proper box) New Well Recompletion Change in Ownership X If change of ownership give name	Box 10426 Midland, Te	Other (Please exp	olain)			
	and address of previous owner	Sun Exploration & Product	ion Co. P. O. Bo	x 1861 Mic	lland, TX 79702		
iI.	DESCRIPTION OF WELL AND I Lease Name Cooper Location Unit Letter H ; 198	Well No. Pool Name, Including Fo	Yates 7 Rivers Sign	d of Lease te, Federal or Fee 'eet From The			
	Line of Section 14 Tow	mship 24S Range	36Е , ммрм,	Lea	County		
1.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S TA'd Address (Give address to w	hich approved copy	of this form is to be sent)		
	Name of Authorized Transporter of Cas	Address (Give address to which approved copy of this form is to be sent)					
	If well produces oil or liquida, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order nu	mberi			
	Designate Type of Completio	on — (X) Gas Well	New Well Workover	Deepen Plug I	3ack Same Hesty. Diff, Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	C.D.		
	Elovations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubin	g Depth		
	Perforations		<u> </u>	Depth	Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
		•					
₹.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to ar exceed top also able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Preneure	Choke	Size		
	Actual Prod. During Tool	Oil - Bbis.	Water-Bbis.	Gas-	MCF		
			<u> </u>				
	GAS WELL Actual Fred, Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravil	y of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-1u)	Casing Pressure (Shut-in) Choke	Size		
1.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
I hereby cortify that the rules and regulations of the Oll Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.			BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
Lang G. Norman			This form is to be filed in compliance with RULE 1104.				

(Signature)

(Title)

(Date)

Engineer

February 27, 1986

If this is a request for allowable for a newly dellied or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with BULL 111.

All sections of this form must be filled out completely for allowable on now and incompleted valls.

Fill out only Sections I, D, MI, and VI for clear as of owner well name or number, or transporter, or other such change of condition.



DISTRIBUTION NEW MEXICO OIL CONSERVATION COF SION Form C-104 ANTAFE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1. FILE Effective 1-1-65 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER GAS OPERATOR PROBATION OFFICE Operator Sun Exploration & Production Co. Address P. O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Name Change Only Recompletion Oil Dry Gas From: Sun Oil Company Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Pool Name, including Formation Kina of Lease Lease No. Cooper Jalmat Tansell Yts 7 Rvrs Gastate, Federal or Fee Fee 1980 Feet From The North Line and _ 660 East Feet From The 14 24-S 36-E Township Range , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Ta'd Name of Authorized Transporter of Cil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas, , Address Give address to which approved copy of this form is to be sent) Sec. Unit Rge. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Weil Gas Well New Weil Deepen Workever Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compi. Ready to Prog. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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) OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Length of Test Tubing Pressure Choke Size Actual Prod. During Test Oil - Bbis. Water - Bbis. Ggs - MCF GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

(Stenature)

(Date)

Acct. Asst. II

1-1-82

(Title)

OIL CONSERVATION COMMISSION

APPROVED_ ., 19 _ Orig. Signed by Jerry Sexton Dist L Supr 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 MULE 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. Sanarata Forms C-104 must be filed for each and in multiple

DISTRIBUTION NEW MEXICO OIL CONSERVATION COMM Form C-104 ANTA FE REQUEST FOR ALLOWABLE Superseaes Old C-104 and C-11 Effective 1-1-65 FILE AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE SUN OIL COMPANY P.O. Box 1861, Midland, TX Reason(s) for filing (Check proper box) 79702 Other (Please explain) New Well Cil Recompletion Dry Gas Change in Ownership X Casinghead Gas Condensate If change of ownership give name and address of previous owner SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704 II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease 45 Jalmat Tansell Yts 7 Rvrs Gas State, Federal or Fee Fee Cooper Location 660 East 1980 ·H North Line and Feet From The Unit Letter Feet From The 24-S 14 36-E , NMPM Lea Line of Section Township Range TA'd III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) P.ge. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas We!l Same Res'v. Diff. Res'v. Designate Type of Completion -(X)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, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET HOLE SIZE SACKS CEMENT 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) OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Choke Size ubing Pressure Casing Preseure Actual Prod. During Test Q11 - 55 a. Water - Bble. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 28 1981 APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Only. Signed by BY Joury Sayson Das L Supv. TITLE _

lle La (Siznature) Production/Proration Supervisor

(Title)

<u>July 1,</u> 1981

(Date)

Lease No.

County

, 19 -

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 MULE 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. Sanarata Forms C-104 must be filed for each most in multinty

C. COPIES RECEIVED		Form C-103
D STRIBUTION	NEW HENICO OIL CONCEDIVATION COMMISSION	Supersedes Old C-102 and C-103
: :	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
3.G.3.		5a. Indicate Type of Lease
LAND OFFICE		State Fee. X
OPERATOR		5. State Oil & Gas Lease No.
CINDDA NOTA		······································
(DO NOT USE THIS FORM FOR PROPOSALS TO	CES AND REPORTS ON WELLS DRILL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. RMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1.	THE THOM CITED FOR SOCIA PROPOSACS.	7. Unit Agreement Name
OIL GAS WELL OTHER	•	
2. Name of Operator		8. Farm or Lease Name
Sun Texas Company 3. Additions of Operator		Cooper 9. Well No.
P. O. Box 4067, Midland, Te	xas 79704	5
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER H . 1980	FEET FROM THE NORTH LINE AND 660 FEET FRO	Jalmat Gas
14		
THE east LINE, SECTION 14	TOWNSHIP 24-S RANGE 36-E NMPH	
	15. Elevation (Show whether DF, RT, GR, etc.)	12, County
		Lea
Check Appropri	ate Box To Indicate Nature of Notice, Report or O	ther Data
NOTICE OF INTENTIO		IT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON PULL OR ALTER CASING	COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JQB	PLUG AND ABANDONMENT
	OTHER	
OTHER		
17. Describe Proposed or Completed Operations	Clearly state all pertinent details, and give pertinent dates, includin	as estimated date of starting any proposed
work) SEE RULE 1103.	, , , , , , , , , , , , , , , , , , , ,	g commerce dute of starting any proposed
Well temporarily abandoned	7-15-76. Holding well for possible work	over.
18. I basabu carife dan Mariaf		
18. I hereby certify that the information above is t	rue and complete to the best of my knowledge and belief.	
18. I hereby certify that the information above is to		2-3-81
18. I hereby certify that the information above is to	rue and complete to the best of my knowledge and belief.	DATE 2-3-81
18. I hereby certify that the information above is to		4004
APPROVED BY	Regional Operations Supt.	DATE 2-3-81 DAYE FEB 9 1981
APPROVED BY	Regional Operations Supt.	4004
APPROVED BY		4004