| OPERATION OFFICE | REQUES" | CONSCRIVATION COME S T FOR ALLOWABLE AND PANSPORT OIL AND NATI | 150m C-204 Supersedes (Ad C-104 and C-1 Effective 1-1-65 URAL GAS | |
|--|--|--|--|--|
| Doyle Hart | man | | | |
| Post Offic | ce Box 10426 Midland, T | exas 79702 | | |
| Reason(s) for filing (Check proper b New Well Recompletion Change in Ownership | Change in Transporter of: Oil Dry G | Other (Please expla | nin) | |
| If change of ownership give name and address of previous owner | Sun Exploration & Produc | tion Co. P. O. Box | 1861 Midland, TX 79702 | |
| I. DESCRIPTION OF WELL AND Lease Name MYERS Lease C | Well No. Pool Name, including i | · · · · · · · · · · · · · · · · · · · | of Lease : 1c. , Federal or Fee Federal | |
| Unit Letter F ; | 980 Feet From The North Li | | et From The West | |
| Line of Section 22 T | ownship 24S Range | 36E , NMPM, | Lea County | |
| Name of Authorized Transporter of C Shell Pipeline Name of Authorized Transporter of C If well produces off or liquida, give location of tanks. If this production is commingled w | | P. O. Box 2648 Address (Give address to which the state of the state o | th approved copy of this form is to be sent) Houston, TX 77252 th approved copy of this form is to be sent) When Here: | |
| Designate Type of Complet | ion - (X) | Now Well Workover Dee | epen Plug Back Same fles'v. Diff. Res'v. | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Otl/Gas Pay | Tubing Depth | |
| Perforations | | | Depth Casing Shoo | |
| HOLE SIZE | | D CEMENTING RECORD | | |
| NOTE 3122 | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | • | | | |
| TEST DATA AND REQUEST I | FOR ALLOWABLE (Test must be a able for this do | fier recovery of total volume of lepth or be for full 24 hours; Producing Method (Flow, pump | osd oil and must be equal to or exceed top allow- | |
| Length of Test | Tubing Pressure | Cosing Pressure | Choke Size | |
| Actual Pred. During Tool | Oil-Bhis. | Water + Bbls. | Gas-MCF | |
| GAS VELL | | 1 | | |
| Actual Fred, Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| Teating histhed (pitol, back pr.) | Tubing Pressure (Shut-1u) | Cusing Pressure (Shut-in) | Choke Size | |
| CERTIFICATE OF COMPLIAN | | OIL CONSERVATION COMMISSION JAN 2 8 1986 | | |
| Commission have been compiled | regulations of the Oil Conservation with and that the information given best of my knowledge and belief. | by Eddie W. Sedy | | |

Engineer

January 24, 1986

(Title)

(Date)

Oil & Gas Inspector This form is to be filed in compliance with HULE 1104.

Eddie W. Sedy

If this is a request for allowed to for a newly delli-1 or despended well, this form must be accompanied by a tabulation of the deviation touts taken on the well in accordance with nucl. 111.

All sections of this form must be filled out completely for allow-able on new and iscompleted violes.

Fill out only Sections I. H. III, and VI for clean on of owner, well name or number, or transporter, or other such change of condition

Hose Carrick

-- -- -----CISTRIBUTION NEW MEXICO CIL CONSERVATION CON SION SANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1. FILE AND Effective 1-1-65 J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Sun Exploration & Production Co. P. O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) 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 eli No.: Pool Name, Including Formation Kind of Lease Lease No. Meyers C Jalmat Tansill Yates 7 Rvrs State, Federal or Fee Federal Location North Line and _ 1980 Unit Letter 1980 _Feet From The _ West Line of Section Township 24 Range 36 Lea , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Corp. of Authorized Transporter of Casinghead Gas _____ or Dry Gas _____ Box 1509, Midland, Texas Address (Give address to which approved copy of this form is to be sent) None Unit If well produces oil or liquids, give location of tanks. Is gas actually connected? When 24 F 22 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) New Well Workever Plug Back Same Res'v. Diff. Res'v. Date Compl. Ready to Prod. 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 Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Length of Test Tubing Pressure Choke Size Actual Prod. During Test Oil-Bbis. Water - Bbls. Gas - MCF 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 VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED OF 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. TITLE

Acct. Asst. II

1-1-82

(Title)

(Date)

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.

Senerate Forms C-104 must be filed for each and in multiple

DISTRIBUTION Form C -104 >> 105 C+124 NEW MEXICO OIL CONSERVATION COMM ... ON REQUEST FOR ALLOHABLE HLE AND Effective 1-1-65 J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR PROBATION OFFICE Operato SUN OIL COMPANY P.O. Box 1861, Midland, TX 79702 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership X Casinahead 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 Mell No. Pool Name, Including Formation Kind of Lease Lease No. Meyers C 1 Jalmat Tansill Yates 7 RWrs State, Federal or Fee Federal Location , 1980 Feet From The North Unit Letter_ 1980 Line and West. Feet From The Line of Section Township 24 36 Range , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 🗓 Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Corp Box 1509, Midland, TX Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) No Gas Unit , Sec. Twp. P.ge. If well produces oil or liquids, give location of tanks. Is gas actually connected? When 22 F 24 36 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Deepen Workover Same Res'v. Dill. Res'v. Designate Type of Completion = (X) Date Compl. Ready to Prod. 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 Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Choke Size Actual Prod. During Test Cil-Sbis. Water - Bbls. Gas - MCF 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 VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION I hereby certify that the rules and regulations of the Oil Conservation APPROVED Commission have been complied with and that the information given above is true and complete to the beat of my knowledge and belief. Orig. Signed W BY. Jerry Serten TITLE . Dist I, Supil Torkeau This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened (Signature) well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. Production/Proration Supervisor All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) July 1, 1981

(Date)

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.

Conserts Forms C-104 must be filed for each pool in multiply

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator SUN TEXAS COMPANY P. O. Box 4067 Reason(s) for filing (Check proper box) Midland, Texas 79704 Other (Please explain) New Well Change in Transporter of: Recompletion OII Dry Gas Change in Ownership X Casinghead Gas Condensate If change of ownership give name and address of previous owner.... TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX. 79704 II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee TRUDGET JANGILI 7 T: Lacquier 1950 Feet From The 117871 Line and 1980 Unit Letter_ Township Range , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) 13 111 / Jen MINAID Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) (), + Unit Sec. Twp. P.ge. When Is gas actually connected? If well produces oil or liquids, 1 2 ! . 2 . <u>2</u> give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: . COMPLETION DATA Oil Well Gas Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. 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 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 First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Cil-Bbls. Water - Bbls. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size

I. 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.

Regional Operations Superintendent/West (Title)

SEP 1 2 1980

(Date)

OLL CONSERVATION COMMISSION OCT 27 1980

APPROVED_

We Stand En Seattly Seattle

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

| NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FT FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL | | NEW MEXICO OIL CONSERVATION CC ISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION FORM C-11 (Rev. 7-60) | | | | | |
|--|---|--|--------------------|--|----------------------------|------------------------------------|--|
| TRANSPORTER GAS PROPATION OFFICE OPERATOR | | | TO TRANSPO | ORT OIL AND | NATURAL GAS | Aliun | |
| | | FILE THE | ORIGINAL AND | 4 COPIES WITH TH | HE APPROPRIATE OFF | I ICE | |
| | | and Oil Compa | | | Lease Ryers C | Well No. | |
| Unit Letter | Section 22 | Township | Township Range 36E | | Count | | |
| Pool Jalmet | | | | | Kind of Frage (Sate, Fed | (,Fee) | |
| If well prod give | If well produces oil or condensate give location of tanks Unit Letter | | Section 22 | Township | Range 36E | | |
| | Authorized transporter of oil 📑 or condensate | | | | dress to which approved co | by of this form is to be sent) | |
| Smell Pipel | line Corr | | | | | | |
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| Authorized transporter | of casing head | | Date Con- | | | by of this form is to be sent) | |
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| | and Oil (| Rules and Regulati | festive Febr | mary 1, 1961 | ssion have been complied | | |
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