1.	DISTRIBUTION  SARTA FE LIBE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Uperator	REQUES'	COUSERVATION CON SION T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL -	Num C-104 Supersedes Old C-10s and C- Ellective 1-1-65		
	Doyle Harts	nan				
	Post Office Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership X	Change in Transporter of: Oll Dry G	Other (Please explain)			
i	If change of ownership give name and address of previous owner	Sun Exploration & Produc	tion Co. P. O. Box 186	l Midland, TX 79702		
· I .	DESCRIPTION OF WELL AND Lease Name  Myers "C" SWD  Location  Unit Letter C ; 6	LEASE.    Vell No.   Pool Name, Including I   2   Jalmat Yates    60   Feet From The   North Li	Seven Rivers State, Fodd	Federal		
	2.2	waship 24S Range	267			
'I.     	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)					
}	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)		
	If well produces off or liquids, give location of tanks.	Unit Sec. Twp. Age.	Is gas actually connected?	When		
	f this production is commingled with that from any other lease or pool, give commingling order number:					
	Designate Type of Completic	on - (X)	Now Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v		
-	Date Spudded	Date Compl. Ready to Prod.	Total Dopth	P.B.T.D.		
-	Clovations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!I/Gas Pay	Tubing Depth		
}-	Perforations	<u> </u>		Depth Casing Shoo		
-	TUBING, CASING, AND CEMENTING RECORD					
F	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 a exceed top allow able for this depth or be for full 24 hours)					
	Date First New Cil Run To Tanks	Date of Tost	Preducing Methed (Flow, pump, gas	isfi, etc.)		
	Length of Teat	Tubing Pressure	Casing Pressure	Choke Size		
-	Actual Pred. During Tool	Oil-Bbis.	Water - Bbls.	Gas-MCF		
·	AS WELL			· · · · · · · · · · · · · · · · · · ·		
_	Actual Fred, Tobt-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
-	Teeting Mothod (pitot, back pr.)	Tubing Procesure (Shut-iu)	Cosing Pressure (Shut-in)	Choke Size		
ــا. C	CERTHTCATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			

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

(Tula)

(Date)

Engineer

February 4, 1986

APPROVED

ORIGINAL STONED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE .

This form is to be flied in compliance with RULE 1104.

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

All sections of this form must be filled out completely for allow-shie on now and to completed words.

Fift out only Sections 1, 11, 111, and VI for change of account well name or number, or transporter, or other such change of condition.



## DISTRIBUTION NEW MEXICO OIL CONSERVATION CON SION ANTA FE Form C -104 REQUEST FOR ALLOWABLE supersedes Old C-104 and C-1: ILE Effective 1-1-65 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL I RANSPORT ER OPERATOR PRORATION OFFICE Operato Sun Exploration & Production Co. P. O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Name Change Only Recompletion Dry Gas From: Sun Oil Company Change in Ownership Condensate Castnahead Gas If change of ownership give name and address of previous II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Legge No. Myers "C" (SWD) 2 Jalmat Yates 7 Rivs. Tans. State, Federal or Fee Federal Unit Letter \_\_\_\_\_C 660 Feet From The North and 1980 Feet From The \_ WEst 22 Township Line of Section <u>24</u>-S 36-E Range , NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil ondensate 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) Unit Sec. If well produces oil or liquids, give location of tanks. Is gas actually connected? When If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well New Well Workeyer Deepen Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion -(X)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 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.) Date of Test Casing Pressure Length of Test Tubing Pressure Choke Size Actual Prod. During Test Oil-Bbls. 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 1 Casing Pressure (Shut-in) Choke Size

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.

DeeAmtomb	
(Signature) Acct. Asst. II	<del></del>
(Title)	

1-1-82

VI. CERTIFICATE OF COMPLIANCE

(Date)

OIL CONSERVATION COMMISSION

JAN 21 1982 APPROVED BY\_ المجارف في لسعيب

This form is to be filed in compliance with RULE 1104.

TITLE \_

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 NEW MEXICO OIL CONSERVATION COMMI. ON ANTA FE REQUEST FOR ALLOWABLE Lord over Ald Co. Si LE Zitective . - : +65 GNA J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GA3 OPERATOR PROBATION OFFICE SUN OIL COMPANY P.O. Box 1861, Midland, TX 79702 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Dry Gas Change in Ownership X Casinghead Gas If change of ownership give name SUN TEXAS COMPANY, P.O. Box 4067, Midland, 79704 and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Legge No. Myers "C" (SWD) 2 Jalmat Yates 7 Rivs. Tans. State, Federal or Fee Federal \_\_ ; \_\_660 Feet From The North Line and 1980 West 22 Line of Section Township 24-S Range 36-E Lea 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) 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. P.ge. If well produces oil or liquids, give location of tanks. Is gas actually connected? When If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen 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 C!!/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cil 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 Oil - Sbls. Water - Bbls. Gas-MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure ( Shut-in ) Cosing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION

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.

(Signature) (Title)

(Date)

Production/Proration Supervisor

<u>July 1</u>, 1981

APPROVED. Orig. Signed 🛐 Jerry Sexten

This form is to be filed in compliance with RULE 1104.

Diet I, Supre

TITLE \_

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.

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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.

Concrete Forms C-104 must be filed for each and in multiply

AND  U.S.G.S.  LAND OFFICE  TRANSPORTER OIL  OPERATOR  PROBATION OFFICE  SUN TEXAS COMPANY  Address		
TRANSPORTER OIL GAS  OPERATOR PRORATION OFFICE  Operator  SUN TEXAS COMPANY		
OPERATOR PRORATION OFFICE Operator SUN TEXAS COMPANY		
Operator SUN TEXAS COMPANY		
	<u></u>	
【	Fred Higher	
P. O. Box 4067 Midland, Texas 79704  Reoson(s) for filing (Check proper box)  Other (Please explain)		
New Well  Recompletion  Oil  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.	79702	
DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Loc	se No.	
MYERS "C" (SUD) 2 JAIMAT GATES 1 RUPS TAND State, Federal or Fee FEDERAL	- ; 4 · · · · · · · · · · · · · · · · · ·	
Unit Letter C: 660 Feet From The NORTH Line and 1980 Feet From The WEST		
Line of Section 22 Township 24-5 Range 36-E, NMPM, CA	County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Neme of Authorized Transporter of Oil	ı)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen	<i>ı)</i>	
If well produces oil or liquids, Unit Sec. Twp. P.ge. Is gas actually connected? When give location of tanks.		
If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA		
Designate Type of Completion - (X)  Oil Well   Gas Well   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, etc.) Name of Producing Formation Top Otl/Gas Pay Tubing Depth		
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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 or exceed to	حداله و	
OII. 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 Oil-Bbis. Water-Bbis. Gas-MCF	- · · · · · · · · · · · · · · · · · · ·	
	<b>!</b>	
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) Cosing Pressure (Shut-in) Choke Size		
CERTIFICATE OF COMPLIANCE		
Commission have been compiled with and that the information given	Dist 1 Supv.  This form is to be filed in compliance with RULE 1104.  While is a request for allowable for a newly drilled or despendent.	
Dies 1 Comm		
This form is to be filed in compliance with RULE 1104.		
Regional Operations Superintendent/West  All sections of this form must be accompanied by a tabulation of the device taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for	18(100)	
(Title) OCT 1 0 1980 able on new and recompleted wells.	WE CT.	
(Date)  Well name or number, or transporter, or other such change of continuous Separate Forms C-104 must be filed for each pool in must	111106	
	, a.*	