Distribution       New MEXICO OIL CONSERVATION COMMISLING REQUEST FOR ALLOWABLE       Supervised         MATA FE       REQUEST FOR ALLOWABLE       Supervised         J.S.G.S.       AUTHORIZATION TO TRANSPORT CIL AND NATURAL GAS         LAND OFFICE       OPERATOR       OPERATOR         J.S.G.S.       AUTHORIZATION TO TRANSPORT CIL AND NATURAL GAS         LAND OFFICE       OPERATOR         J.PROBATION OFFICE       OPERATOR         J.PROBATION OFFICE       OPERATOR         Vew Weil       Change in Transporter of:         Change in Ownership give name       Change in Transporter of:         Change of ownership give name       SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704         It DESCRIPTION OF WELL AND LEASE       New New I         Leves Name       New New I         Farnsworth #4       3         Location       Mit Letter         H       : 2310         Feet From The       North         Line of Section       4         Township       OF O	Old C-164 and C-1; 1-65
AND J.S.G.S. LAND OFFICE IRANSPORTER OIL IRANSPORTER OIL IRANSPORTER OIL IRANSPORTER OIL IRANSPORTER OIL IRANSPORTER OFFICE IRANSPORTER OF OFFICE IRANSPORTER OFFICE IRANSPORTER OFFICE IRANSPORTER OF OFFICE IRANSPORTER O	
LAND OFFICE         I PRORATION OFFICE         OPERATOR         I. PRORATION OFFICE         OPERATOR         I. PRORATION OFFICE         Charden         SUN OIL COMPANY         Address         P.O. Box 1861, Midland, TX 79702         Resson(s) for filing (Check proper box)         New Weil       Change in Transporter of:         Recompletion       Cil         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       Condensate         Lease Name       Wall No. Fool Name, Including Formation         FarnSworth #4       3       Langlie-Mattix 7 Rvrs. Q.Gryb State, Federal or Fee Federal         Location       Unit Letter       H       2310         Unit Letter       H       2310       Feet From The North         Line of Section       4       Township       26-S       Rance       37-E       NMEM,         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Nothorized Transporter of OIL Gas       Address /Give address to which approved copy of this form         Texas-New Mexico Pipeline       Solution:       For Condensate       Address /Give address to which approved copy of this form         Texas	
Image:	
I.       PRORATION OFFICE         Uperator       SUN OIL COMPANY         Address       P.O. Box 1861, Midland, TX 79702         Reason(s) for filing (Check proper bos)       Other (Please explain)         New Well       Change in Transporter of:         Recompletion       Cil         Change in Ownership       Casinghead Gas         Condensate       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       Sun TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704         II. DESCRIPTION OF WELL AND LEASE       State, Federal or Fee Federal         Lease Name       Xell No. Pool Name, Including Formation         Farnsworth #4       3       Langlie-Mattix 7 Rvrs. Q.Gryb         Lease Name       Xell No. Pool Name, Including Formation         Unit Letter H       ; 2310       Feet From The North         Lacetion       Unit Letter Gettion 4       Township 26-S         Nume of Authorized Transporter of Oil AND NATURAL GAS       Image of Authorized Transporter of Oil Casinghead Gas C         Name of Authorized Transporter of Oil Casinghead Gas C       or Condensate B       Address (Give address to which approved copy of this form         Neme of Authorized Transporter of Oil Casinghead Gas C       or Dry	
SUN OIL COMPANY         Address         P.O. Box 1861, Midland, TX 79702         Reason(s) for filing (Check proper box)         New Well       Change in Transporter of:         Recompletion       Cil         Change in Ownership       Casinahead Gas         If change of ownership       Gue name         and address of previous owner       SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704         II. DESCRIPTION OF WELL AND LEASE       Condensate         Lease Name       Yell No. Pool Name, Including Formation         Kind of Lease       Kind of Lease         FarnSworth #4       3       Langlie-Mattix 7 Rvrs. Q.Gryb         Unit Letter       H       : 2310       Feet From The         Unit Letter       H       : 2310       Feet From The North       Line and       990         It ne of Section       4       Township       26-S       Rame       37-E       NMFM,       Leaa         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Ison Distributer of Cili       or Condensate       Box 1510, Midland, TX         Name of Authorized Transporter of Cili       or Dry Gas       Address (Give address to which approved copy of this form         Texas-New Mexico Pipeline       Soc Distribut Case of Cine address to which approved copy of this form	
P.O. Box 1861, Midland, TX 79702         Reason(s) for filing (Check proper box)         New Well       Change in Transporter of:         Recompletion       Cil         Change in Ownership (ive name and address of previous owner	
Reason(s) for filing (Check proper bax)       Other (Please explain)         New Well       Change in Transporter of:         Recompletion       Cit       Dry Grs         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       Lease Name       Well No. Poor Name, Including Formation         Farnsworth #4       3       Langlie-Mattix 7 Rvrs. Q.Gryb       Kind of Lease         Lease Name       Well No. Poor Name, Including Formation       Kind of Lease       State, Federal or Fee Federal         Location       Unit Letter       H       : 2310       Feet From The North Line and 990       Feet From The East         Line of Section       4       Township       26-S       Ranae       37-E       NMPM,       Lea         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Image of Authorized Transporter of Cit       or Condensate       Address (Give address to which approved copy of this form         Texas-New Mexico Pipeline       Box 1510, Midland, TX       Address (Give address to which approved copy of this form         Name of Authorized Transporter of Casinghead Gas       c or Dry Gas       Address (Give address to which approved copy of this form         El Paso	
Recompletion       Cii       Dry Gas         Change in Ownership       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:       Lease Name       Well No. Pool Name, Including Formation         Farnsworth #4       3       Langlie-Mattix 7 Rvrs. Q.Gryb       Kind of Lease         Location       Unit Letter_H: 2310       Feet From The North       Line and       990       Feet From The       East         Line of Section       4       Township       26-S       Range       37-E       NMPM,       Lea         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Image of Condensate       Address (Give address to which approved copy of this form         Texas-New Mexico Pipeline       Box 1510, Midland, TX         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address to which approved copy of this form         E1 Paso Natural Gas       Image or Dry Gas       Address to which approved copy of this form	
Change in Ownership       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         Lease Name       Well No. Pool Name, Including Formation         FarnSworth #4       3       Langlie-Mattix 7 Rvrs. Q.Gryb         State, Federal or Fee Federal         Location       Unit Letter       H         Unit Letter       H       : 2310       Feet From The         North       Line and       990       Feet From The       East         Line of Section       4       Township 26-S       Range       37-E       NMEM.       Lea         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil Condensate       Address (Give address to which approved copy of this form         Texas-New Mexico Pipeline       Box 1510, Midland, TX       Address (Give address to which approved copy of this form         Name of Authorized Transporter of Casinghead Gas       Town 'Bea       Jal, NM	
and address of previous owner	
Lease Name       Well No. Pool Name, Including Formation       Kind of Lease         Farnsworth #4       3       Langlie-Mattix 7 Rvrs. Q.Gryb       State, Federal or Fee Federal         Location       Unit Letter H       2310       Feet From The       North       990       Feet From The       East         Line of Section       4       Township       26-S       Range       37-E       NMPM,       Lea         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         Texas-New Mexico Pipeline       Box 1510, Midland, TX       Name of Authorized Transporter of Casingheaa Gas       or Dry Gas       Address (Give address to which approved copy of this form         El Paso Natural Gas       Interest Casingheaa Gas       Interest Casingheaa Gas       Interest Casingheaa Gas       Interest Casingheaa Gas	
Farnsworth #4       3       Langlie-Mattix 7 Rvrs. Q.Gryb       State, Federal or Fee Federal         Location       Unit Letter       H       : 2310       Feet From The       North       990       Feet From The       East         Line of Section       4       Township       26-S       Range       37-E       , NMFM,       Lea         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Cit       or Condensate       Address (Give address to which approved copy of this form         Texas-New Mexico Pipeline       Box 1510, Midland, TX         Name of Authorized Transporter of Casinghead Gas       or Dity Gas       Address (Give address to which approved copy of this form         El Paso Natural Gas       Image       Jal, NM       Jal, NM	
Unit Letter       H       : 2310       Feet From The       North       Line and       990       Feet From The       East         Line of Section       4       Township       26-S       Ranae       37-E       , NMFM,       Lea         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         Texas-New       Mexico       Pipeline       Box 1510, Midland, TX         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form         El Paso       Natural Gas       Two       Ban       Is an antimity separated       When	Lease No.
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil I or Condensate I         Address (Give address to which approved copy of this form         Texas-New Mexico Pipeline         Name of Authorized Transporter of Casinghead Gas I or Dry Gas I         Address (Give address to which approved copy of this form         El Paso Natural Gas         Instrumentation	
Name of Authorized Transporter of Ciling or Condensate       Address (Give address to which approved copy of this form         Texas-New Mexico Pipeline       Box 1510, Midland, TX         Name of Authorized Transporter of Casingheda Gas in or Dry Gas       Address (Give address to which approved copy of this form         El Paso Natural Gas       Image: Sec.         Image: Name of Authorized Transporter of Casingheda Gas in or Dry Gas       Jal, NM	County
Texas-New Mexico Pipeline       Box 1510, Midland, TX         Name of Authorized Transporter of Casingheda Gas : or Dry Gas : Address (Give address to which approved copy of this form         El Paso Natural Gas       Jal, NM	
Name of Authorized Transporter of Casingheda Gas i or Dry Gas Address (Give address to which approved copy of this form El Paso Natural Gas July Sec. Two Bases Is an antigity corrected a when	s to be sent)
Unit Sec Two Rea is an antigiby connected? When	s to be sentj
If well enduces all as liquide to the poor times the trade of the data deciding connected?	
give location of tanks. H 4 26 37 Yes	
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)	ies'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	<b>I</b>
Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Fay Tubing Depth	
Perforations Depth Casing Shoe	······
TUBING, CASING, AND CEMENTING RECORD           HOLE SIZE         CASING & TUBING SIZE         DEPTH SET         SACKS C	EMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to	1. 11
OIL WELL       (1 est must be after recovery of fold volume of todarbit and must be equal to 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 Pressure Choke Size	
Actual Prod. During Test Oil-Bbls.   Gas-MCF	·•
GAS WELL	
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condens	310
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISS	0N
I hereby certify that the rules and regulations of the Oil Conservation APPROVED JUL 28 1981	_, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Jerry Sexten TITLE Diet 1 Supr	
This form is to be filed in compliance with RU	LE 1104.
(Signature) If this is a request for allowable for a newly de (Signature)	illed or deepened
Production/Provation Supervisor tests taken on the well in accordance with RULE	a wa assw wawysmithis
(Title) All sections of this form must be filled out com able on new and recompleted wells.	111.
July 1, 1981 (Date) Fill out only Sections I. II. III. and VI for c well name or number, or transporter, or other such ch	111. pletely for allow-
Canarata Forme C-104 must be filed for each	111. pletely for allow- hanges of owner, ange of condition