| | DISTRIBUTION | | | |
|------|---|--|---------------------------------------|---|
| | IANTA FE | · · | ONSERVATION COMP TON FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-55 |
| | J.S.G.S. | AUTHORIZATION TO TRA | AND NSPORT OIL AND NATURAL (| |
| | STRANSPORTER OIL GAS I OPERATOR | | | |
| 1. | PRORATION OFFICE Operator Sun Exploration & | Production Co. | | |
| | P. O. Box 1861, Midland, Texas 79702 | | | |
| | Reason(s) for filing (Check proper box) Other (Please explain) | | | |
| | New We!1 Recompletion Change in Ownership | Change in Transporter of: Oil Dry Ga: Casinghead Gas Conden | From: Sun U | |
| | If change of ownership give name and address of previous owner | | | |
| 11. | DESCRIPTION OF WELL AND | LEASE Well No. Pool Name, Including Fo | ormation Kind of Leas | |
| | South Leonard Unit Tr. | | · | Lor Fee Federal |
| | Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West | | | |
| | Line of Section 13 Township 26-S Range 37-E , NMFM, Lea County | | | |
| III. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Injection Well 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) | | | |
| | If well produces oil or liquids, Unit Sec. Twp. Age. Is gas actually connected? When give location of tanks. | | | |
| | f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA | | | |
| | Designate Type of Completic | | 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 Cil/Gas Pay | Tubing Depth |
| | Perforations | | | Depth Casing Shoe |
| | HOLE SIZE | TUBING, CASING, AND | DEMENTING RECORD | SACKS CEMENT |
| | 11000 3120 | Chaire a regine size | Jer in ser | SACKS CEMENT |
| | | | | |
| v. | TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cil Bun To Tanks Date of Test (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) Producing Method (Flow, pump, gas lift, etc.) | | | |
| | Date First New Cit Hun to Tanks | Date of lest | Producing Method (r tow, pump, gas it | it, etc., |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | Actual Prod. During Test | Oil-Bbis. | Water - Bbls. | Gαa - 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | A ROVED | |
| | | | | |

Jerry Sexton Dist L. Supr.

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.

Sanarata Forms C-104 must be filled for each nool in multiply

TITLE _

(Stanature)

(Title)

(Date)

Accounting Assistant II

January 1, 1982