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DISTRIBUTION SAHEAFE FILE U.S.G.S. LAND OFFICE FRANSPORTER OIL	i .	CORMERVATION COM. I FOR ALLOWABLE AND RANSPORT OIL AND		Phim C-104 Superardes Old Co. Effective 1-1-65 GAS	104 and G-)
OPERATOR I. PROBATION OFFICE Operator Doyle Hartm	an				
Address					
Post Office Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership X	Change In Transporter of: Oil Dry (Other (Please	explain)		
If change of ownership give name and address of previous owner	Sun Exploration & Produc	etion Co. P. O.	Box 1861	Midland, TX 797	02
I. DESCRIPTION OF WELL AND Lease Name S. R. Cooper "A"		Formation	Kind of Leas	50	Lease No.
Location		•	<u> </u>		
Unit Letter B; 990	Feet From The North	ine and 2160	Feet From	The East	
Line of Section 23 Tox	waship 24S Range	36Е , ммрм	, Lea		County
Name of Authorized Transporter of Oil Shell Pipeline Corp. Name of Authorized Transporter of Cas El Paso Natural Gas C If well produces oil or liquide, give location of tanks. If this production is commingled with	company Unit Sec. Twp. Rge. J 23 24S 36E	P. O. Box 1492 Is gas actually connected Yes	El Paso	ston, TX 77001 oved copy of this form is to be 1, Texas 79978 oen 4-28-77	sent)
7. COMPLETION DATA Designate Type of Completion	Oll Well Gas Well	New Well Workover	Deepen	Plug Back Same Hes'v.	Duf. 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 Oil/Gas Pay		Tubing Depth	
Periorations				Depth Casing Shoe	
	TURING, CASING, AI	ID CEMENTING RECOR	D		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
'. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this d	lepth or be for full 24 hours)	and must be equal to or exces	id top alica
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas li	ft, etc.)	
Length of Tost	Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Tost	Oil-Bbls.	Water - Bbls.		Gas - MCF	
GAS WELL					
Actual Fred, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
Testing histhed (pitot, back pr.)	Tubing Processes (Shut-1u)	Casing Pressure (Shut-	·in)	Choke Size	
. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION APPROVED JAN 2 8 1986 19				
I hereby certify that the rules and r Commission have been compiled w above is true and complete to the	DYEddie W. Seay				

Oil & Gas Insportor

This form is to be flied in compliance with RULE 1104. If this is a request for allowable for a newly dellied or despende well, this form must be accompanied by a tabulation of the deviation tests on the well in accordance with BULL 111.

TITLE _

Engineer

January 23, 1986

(Title)

(Date)

All sections of this fore must be filled out completely for ellow-rible on new and incompleted wells.

FIR out only Sections I. H. III, and VI for changes of country well name or number, or transporter or other such thange of condition.

HORES CARCE

DISTRIBUTION NEW MEXICO CIL CONSERVATION COF SION JANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1. FILE Effective 1-1-65 AND J.5.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER 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) Change in Transporter of: Recompletion Name Change Only OII 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 ell No. Pool Name, Including Formation Lease No. S.R. Cooper "A" 1 Jalmat State, Federal or Fee Fee Location North Line and _ В 990 2160 Unit Letter_ East 23 24-S 36-E Township Range Lea , NMPM, 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 Corporation P.O. Box 2648, Houston, Texas 77001 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) El Paso Natural GasCompany Jal, Nm 88250 Unit Twp. Is gas actually connected? If well produces oil or liquids, When J 24 Yes 5-1-77 If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Designate Type of Completion - (X) Gas Well New Well Workover 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) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Coaing Pressure Length of Test Tubing Pressure Choke Size Actual Prod. During Test Oil-Bbis. Water - Bbla. 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 JAN 21 1982 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 best of my knowledge and belief.

BY.

Acct. Asst. II

1-1-82

(Title)

(Date)

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.

Senerate Forms C-104 must be filed for each nool in multiply

DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION ANTA FE Form C -104 REQUEST FOR ALLOMABLE weren too ald Co. -1L = Effective 1-1-65 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator SUN OIL COMPANY Address P.O. Box 1861, Midland, TX 79702 Reason(s) for tiling (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion 011 Dry Gas Change in Ownership Casinahead Gas If change of ownership give name and address of previous owner SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704 H. DESCRIPTION OF WELL AND LEASE | West No. Pool Name, Including Formation Kind of Lease Lease No. S. R. Cooper "A" 1 Jalmat State, Federal or Fee Fee Location 990 Feet From The North 2160 Unit Letter_ East _Line and Feet From The 23 Township 24-S 36-E Line of Section Lea Range , 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 Corporation P.O. Box 2648-Houston, TX 77001 Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas, Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Jal, NM 88250 Unit if well produces oil or liquids, give location of tanks. Twp. Ege. Is gas actually connected? 23 24 · 36 Yes 5-1-77 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Deepen New Well Workover 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 Cil/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 ubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Sbla. Water - Bble. Gas - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate esting Method (pitot, back pr.) Tubing Pressurs (#hnt-in) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE JUL 28 1981 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. APPROVED Orly, Signed IN Jarry Sexten Dat L. Sup's

(Signature) Production/Proration Supervisor

(Title)

(Date)

<u>July</u> 1, 1981

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 most in multiply

MENTHERADO OIL CONSCRIATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-11. Effective 1-1-65 REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE SUN TEXAS COMPANY Address 79704 Other (Please explain) P. O. Box 4067 Reason(s) for filing (Check proper box) Midland, Texas New Well Recompletion 110 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, II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No. almat State, Federal or Fee Feet From The Marth Line and 2160 36-E Range County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS oved copy of this form is to be sent) P.O. Julas 5:36 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Same Res'v. Diff. Res'v. Gas Well Oil Well New Well Workover Deepen Plug Back Designate Type of Completion -(X)Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oll/Gas Pay Tubing Depth Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water-Bble. Gas - MCF Oil-Bbls. Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Gravity of Condensate Length of Test Bbls. Condensate/MMCF

Cosing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

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)

OCT 27 1980

APPROVED Orig. Signed Lig jerry Sexton

Dist 1 Supple TITLE _

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

NO. OF COPICS PECCEVED			-	Form C-103
DISTRIBUTION				Supersedex Old C-102 and C-103
SANYA FE	NEW WE	XICO OIL CONSERVATION COMMIS	SION	Effective 1-1-65
FILE	_		٠,	
U.5.G.S.				So. Indicate Type of Lease
LAND OFFICE				State Free X
OPERATOR				5, State OH & Gas Lease No.
5	SUNDRY ROTICES AND	REPORTS ON WELLS		
TOO NOT USE THIS FORCE	FILICATION FOR PLANT = 1 (FG	TO THE CALLEGE BACK TO A DIFFERENT RESPECT CALCADE PACEDONIST.	STRVOIN.	
014 [V] - 6A5 [7. Unit Agreement Nume
WILL LAND WILL L	OTHER.			
None of Operator	C			6. Fern of Lease Name
Texas Pacific Oil	company, Inc.			S. R. Cooper "A"
Address of Operator D. O. Roy 4067, Mi	dland Toyac 70	701	İ	9. Well Ro.
P. O. Box 4067, Mi	uranu, rexas 79	/01		10 Field and Deal are William
Lecation of Well B	990	north 2160	•	10. Field and Pool, or Wilder
UNIT LETTER	FEET FROM	THE NORTH LINE AND 2160	FEET FROM	Jalmat
east	23	24-S 36-	_	
THELINE	, SECTIONTO	OWNSHIP 24-S RANGE 36-	NMPM.	
mmmmm	111111111111111111111111111111111111111	on (Show whether DF, RT, GR, etc.)		12. County (1)
		21 GR	.	Lea
	7777777777			
°' CI	heck Appropriate Box	To Indicate Nature of Notice,	Report or Othe	er Data
NOTICE	OF INTENTION TO:		SUBSEQUENT	REPORT OF:
	•			
PERFORM REMEDIAL WORK	PLUG	AND ABANDON . RENEDIAL WORK	닏	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE BRILLING	PHS.	PEUG AND ABANDONMENT
PULL OR ALTER CASING	€ HARG	E PLANS CASING TEST AND CEM	00 THE	r-
Instali Anti	ficial Lift Fouriem	OTHER		
OTHER THIS CALL ALL	ficial Lift Equipme	ent X		
7. Describe Proposed or Compl	eted Operations (Clearly state	all pertinent details, and give pertinent	dotes, including e	stimuted date of starting any propose?
work) SEE RULE 1103.				
1. Return well to	producing status.	•	,	
	, , , , , , ,			
2. Run rods and pu	ump. Set pumping ι	nit and put back on produ	ction.	
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•	•			
. I hereby certify that the infor	mation above in true and com	plete to the best of my knowledge and be	net.	
ONAA	1-4/	District C		
CHED. W. Y. Y/4C	melas	District Operatio	ns Supt.	DATE 4-27-78
and the same of th				
	Orig. Signed by			MAY 3 1978
***************************************	Jerry Sexton	TITLE		BAYE 1941 0 1970
DEDITIONS OF APPROVAL, I				
•				