1.	DISTRIBUTION  SANTA FE  I ILE  ILS.G.S.  LAND OFFICE  I RANSPORTER GAS  OPERATOR  PROPATION OFFICE	REQUEST	CONSERVATION COMMISSION F FOR ALLOWABLE AND ANSPORT OIL AND NATURAL -	Thun C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS				
	Doyle Hart	man						
	Address							
	Post Office Box 10426 Midland, Texas 79702  Reason(s) for filing (Check proper box)  Other (Please explain)							
	New Well	Change in Transporter of:						
	Recompletion Change in Ownership X	Oil Dry Go Casinghead Gas Conde						
	If change of ownership give name and address of previous owner	Sun Exploration & Product	tion Co. P. O. Box 1861	Midland, TX 79702				
Ħ.	DESCRIPTION OF WELL AND	LEASE						
	J. W. Cooper	Well No. Pool Name, Incliding F	Rivers State, Federa	Lease .15.				
	Location			Fee Fee				
	Unit Letter J ; 165	50 Feet From The South Lin	ne and 2310 Feet From	The East				
	Line of Section 14 To	waship 24S Range	36E , <sub>NМРМ</sub> , Lea	County				
II.	DESIGNATION OF TRANSPOR None of Authorized Transporter of Ol Sun Refining & Market None of Authorized Transporter of Ca	ing Co.	Address (Give address to which appro	gview, TX 75606				
	El Paso Natural Gas (		P. O. Box 1492 El Paso					
	I' well produces oil or liquida, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh Yes	cn 1-06-79				
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,						
٠.	Designate Type of Completion	on - (X)	New Well Workover Deepen	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 Oil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
Ì	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
ł								
ľ		·						
, l	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be of	las respues of solation and land all	and must be equal to or exceed top allow.				
_	OH, WEIT, Date First New Oil Run To Tanks	able for this der	pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif					
}	Langth of Test	Tubing Pressure	Casing Presente	Choke Size				
-	Actual Fred, During Tost							
	Manager 1 feet Natived 1 081	Oil-Bbls.	Water - Bbla.	Gas - MCF				
_	GAS WELL							
	Actual Fred, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
}	Trating Mothed (pitot, back pr.)	Tubing Prossure (Shub-in)	Cosing Pressure (Shut-in)	Chake Size				
L i. (	CERTIFICATE OF COMPLIANC	ce I	OH CONSERVA	TION COMMISSION				
			APPROVED MAR & U					
C	hereby cortify that the rules and recommission have been compiled who bove is true and complete to the	ith and that the information given	ATTROVED	ED BY JERRY SEXTON				

DISTRICT I SUPERVISOR

ORIGINAL SIGNED BY JERRY SEXTON

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly dillted or despaned

(Signature)

(Tille)

(Dase)

Engineer

January 22, 1986

TITLE\_

well, this form must be accompenied by a tabulation of the devintion tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for allow-this on now and isotompicted valls.

Fill out only Sections I, U, III, and VI for changes of ever well asses or number, or transporter, or other such Change of cor



## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CA

P	ISPORT OIL AND NATURAL GAS
SUN EXPLORATION & PRODUCTION CO.	
P.O. Box 1861, Midland, Texas 79702	
Reason(z) for tiling (Check proper box)	Other (Please explain)
New Well Change in Transporter of:  Recompletion X Oil	
	Condensate CHANGE TO BE EFFECTIVE JUNE 1, 1984
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including	Lease No.
J.W. Cooper - / Jalmat Tansil	I Yt / RVYS State, Foderal or Fee Fee
Unit Letter J : 1650 Feet From The South Li	ine andFeet From The
Line of Section 14 Township 24-S Range	36-E , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	
Name of Authorized Transporter of CII [X] or Condensate	Anatoes (Give address to which approved copy of this form is to be sent)
Sun Refining & Marketing Co.  Name of Authorized Transporter of Casingness Gas XX or Dry Gas [7]	P.O. Box 3187 Longview, Texas 75606
El Paso Natural Gas	P.O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, Unit Sec. Twp. Rge.	1s gas actually connected? When 1-6-79
If this production is commingled with that from any other lease or pool,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have	MAY 1 6 1984
pren complied with and that the information given is true and complete to the best of ry knowledge and belief.	DIAMETER PROPERTY SENTON
	DISTRICT T SUPERVISOR
	TITLE
Loui Williams	This form is to be filed in compliance with RULE 1104.
Accountant (Signature)	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.
May 14, 1984 (Title)	All rections of this form must be filled out completely for allowable on new and recompleted wells.
(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.
	Separate Forms C-104 must be filed for each pool in multiply completed wells.

	<del></del>	• .							
Designate Type of Comple	tion - (X)	Oll Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'
Date Spudded	Date Compl.		i	Tabel D.	<u></u>	<u> </u>		1	:
		, , , ,	···	Total Depti	1		P.B.T.D.		·
Elevations (DF, RKB, RT, GR, etc.	Name of Pro	Name of Producing Formation		Top Oll/Gas Pay					
	1						Tubing Depth		
Perforations	<u>-</u>			<u> </u>	<del></del> -	<del></del>		<u></u>	
							Depth Castr	ng Shoe	
		TUBING. C	ASING AN	CEMENTI	JC DECORE	<del></del>		<u>-</u>	
HOLE SIZE	CASING	G & TUBIN	G SIZE	CLINEIVI	DEPTH SE		<del></del>		
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. TEST DATA AND REQUEST	T FOR ALLOW	VABLE (Te	st must be a le for this de	ter recovery o	of total volum	of load oil	and must be eq	ual to or exce	ed top alles
OIL WELL Oute First New Oil Run To Tanks	T FOR ALLOW	VABLE (Te	st must be a le for this de		of total volum ull 24 hours) etnod (Flow,			ual to or exce	ed top allcu
TEST DATA AND REQUES' OIL WELL Date First New Off Run To Tanks Length of Test			st must be a le for this de	Producing M	etnod (Flow,		t. etc./	ual to or exce	ed top allow
Oate First New Oll Run To Tanks	Date of Test		st must be a le for this de		etnod (Flow,			ual to or exce	ed top allcu
Congth of Test	Date of Test		st must be a le for this de	Producing M	etnod (Flow,		Chore Size	ual to or exce	ed top allow
Oate First New Oll Run To Tanks	Date of Test Tubing Press		st must be a le for this de	Producing M	etnod (Flow,		t. etc./	ual to or exce	ed top allow
Congth of Test	Date of Test Tubing Press		st must be a le for this de	Producing M	etnod (Flow,		Chore Size	ual to or exce	ed top allow
Page First New Oil Run To Tanks	Date of Test Tubing Press; Oil-Bbis.	ure.	st must be a le for this de	Producing M Casing Pres Water - Bbis.	ethod (Flow,		Chore Size	ual to or exce	ed top allow
Congth of Test  AS WELL.	Date of Test Tubing Press	ure.	st must be a lo for this de	Producing M	ethod (Flow,		Chore Size		ed top allco
Congth of Test  AS WELL.	Date of Test Tubing Press; Oil-Bbis.	ure		Producing M Casing Pres Water - Bbis.	ethod (Flow,	punip, gas lij	Chore Size		ed top allcu

