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If well produces off or liquid give location of tanks. If this production is commi-		E Yes	<u>So, Texas 79978</u> ^{When} 4-13-79	
V. <u>COMPLETION DATA</u> Designate Type of Co Date Spuddod Elevations (DF, RKB, RT, G) Perforations	Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth Top Otl/Gas Pay	Plug Back Same Hesty, Diff. Resty, P.B.T.D. Tubing Depth Depth Casing Shoe	
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Trainy Holked (pitot, back pr	J Tubing Prossure (Shui-iu)	Casing Prensure (Shut-in)	Cheke Size	
. 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,		OIL CONSERVATION SOMMISSION APPROVED		



AND Effective I J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I AND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I RANSPORTER OIL Gas OPERATOR OFFICE OPERATOR Gas OPERATOR FROMATION OFFICE OPERATOR PODATION OFFICE Sun Exploration & Production Co. Address Address P. O. Box 1861, Midland, Texas 79702 Recompletion Change in Fransporter of: Recompletion Change in Fransporter of: Recompletion Oil Other (Please explain) Name Change Only From: Sun Oil Company From: Sun Oil Company If change of ownership give name Condensate and address of previous owner 8 Jalimat Tansell Yts 7 Rvrs. Kind of Leose J. W. Cooper 8 Jalimat Tansell Yts 7 Rvrs. Unit Letter G 2010 Feet From The North 2310 Unit Letter G 2010 Matera /Glue address to whick approved copy of this form Note of Authorize Transporter oi Change address N	Old C-104 and C- -1-55	
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OIL WEIL 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.)		
Producing Method (Prow, pump, gas lift, etc.)		
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I. CERTIFICATE OF COMPLIANCE	ON	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given	., 19	
above is true and complete to the best of my knowledge and belief. BYSectory		
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New We!1	Change in Transporter of:						
Change in Ownership X	Cil Dry Ga Casinghead Gas Conden						
If change of ownership give name and address of previous ownerSU	N TEXAS COMPANY, P.O.	Box 4067, Midland, TX	79704				
. DESCRIPTION OF WELL AND LE	ISF Well No. Pool Name, Including Po	ormation Kind of Li	ease	Lease No.			
J. W. Cooper	8 Jalmat Tansell	Yts 7 Rvrs Gas State, Fed	leral or Fee Fee				
Unit LetterG2010	_Feet From The North	e and Feet Fro	om The East				
Line of Section 14 Townsh	ip 24-S Range	36-Е , ммрм,	Lea	County .			
DESIGNATION OF TRANSPORTER	OF OIL AND NATURAL GA	S Address (Give address to which ap	proved copy of this form is	to be sent)			
The Permian Corp.		Box 1183, Houston, To Address (Give address to which ap		to be sent)			
El Paso Natural Gas	~	Jal, NM Is gas actually connected?	When				
If well produces oil or liquids, join give location of tanks.	14 24 36	Yes	4-13-79				
If this production is commingled with th . <u>COMPLETION DATA</u>							
Designate Type of Completion -	i	New Well Workover Deepen	Plug Back Same R	es'v. ' Diff. Res'v			
Date Spudded Da	te Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc., Na	me of Producing Formation	Top Cil/Gas Pay	Tubing Depth	<u> </u>			
Perforations			Depth Casing Shoe				
HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CE	MENT			
		· · · · · · · · · · · · · · · · · · ·					
. TEST DATA AND REQUEST FOR OIL WELL	EST DATA AND REQUEST FOR ALLOWABLE (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)						
Date First New Oil Run To Tanks Da	te of Teat	Producing Method (Flow, pump, ga	s lift, etc.)				
Length of Test Tu	bing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test Ci	- 3bis.	Water-Bbis.	Gas-MCF				
GAS WELL				<u> </u>			
Actual Prod. Test-MCF/D	ngth of Taat	Bbls. Condensate/MMCF	Gravity of Condensa	le			
Testing Method (pitot, back pr.) Tu	bing Pressure (Shut-10)	Casing Pressure (Shut-in)	Choke Size				
. CERTIFICATE OF COMPLIANCE			VATION COMMISSI				
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, 19,					
					2	Dist L	Sups.
Que		If this is a request for allowable for a newly drilled or deepened					
0-s reau			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 allow-				
Production/Proration Sup		well, this form must be accor tests taken on the well in ac	cordance with RULE 1	11.			
		well, this form must be accor tests taken on the well in ac	cordance with RULE 1 must be filled out comp wells.	11. Metely for allow			

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Elloctive 1-1-65	
$\left \right $	FILE		AND		
	LAND OFFICE			· .	
	IRANSPORTER GAS GAS				
	OPERATOR		ILLEGI	BLC	
I.	Operator	<u> </u>			
	SUN TEXAS CO	MPANY			
	P. O. Box 40	067 Midland, Texas	79704		
	Reason(s) for filing (Check proper box, New Well) Change in Transporter of:	Other (Please explain)		
	Recompletion	Oil Dry Ga			
	Change in Ownership X	Casinghead Gas Conden			
	If change of ownership give name and address of previous owner	TEXAS PACIFIC OIL COMP	ANY, INC. P. 0. Box 406'	7 Midland, TX, 79704	
1.	DESCRIPTION OF WELL AND	LEASE			
	Lesse Hamay Cooper	Well No. Pool Name, Including Fo	armation Kind of Lease	or Fee	
			the		
	Unit Letter (10 Feet From The DEGTH Lin	e and <u>2210</u> Feet From T	he	
	Line of Section 14 Tox	waship 24 - Range	1. 2 , NMPM, (7)	County	
1	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	·	
••	Nome of Authorized Transporter of Oll	or Condensate	Asidzess (Give address to which approv	ed copy of this form is to be sent)	
	None of Authorized Transporter of Cas	Amulau Carp. singhead Gas A or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)	
	El Para Mari	Unit Sec. Twp. P.ge.	Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	14 24 36		1-12.79	
		th that from any other lease or pool,	give commingling order number:	·••	
v .	COMPLETION DATA Designate Type of Completion		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completing	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas P ay		
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a pth or be for full 24 hows)	nd must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift		
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test			Gas - MCF	
	Actual Prod. During Test	Oil-Bbla.	Water - Bbls.		
		1			
	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
i		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (BAUL-IN)			
' 1 .	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
	Thereby certify that the rules and	nereby certify that the rules and regulations of the Oil Conservation		1300	
I hereby certify that the rules and regulations of the only contraction given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Jerry Sector			
		TITLE Dist 1. Suge			
	6	1	This form is to be filed in c	ompliance with RULE 1104.	
		11	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.		
		ons Superintendent/West	All sections of this form mut	it be filled out completely for allow-	
•	(Τι	SFP 1 2 1000	able on new and recompleted wers. 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		
	(D				
	• =			-	
				• •	