

NEW MICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

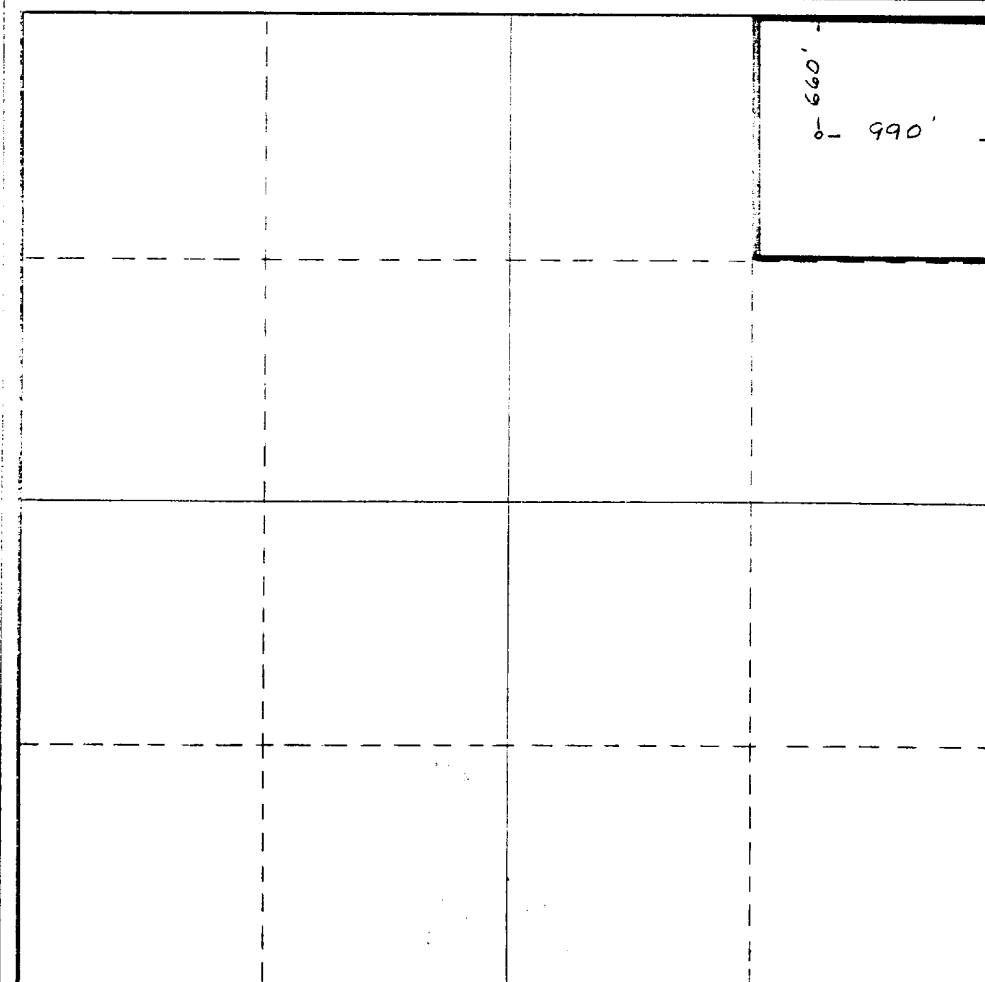
Operator Sun Exploration & Production Co.			Lease S. R. Cooper "A"		Well No. 3
Unit Letter A	Section 23	Township 24 South	Range 36 East	County Lea	
Actual Footage Location of Well:					
990 feet from the East line and		660 feet from the North line			
Ground Level Elev. 3345.4'	Producing Formations Langlie Mattix 7 Rvrs Queen Grayburg		Pool Langlie Mattix	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Maria L. Perez
Name

Maria L. Perez

Position

Sr. Accounting Assistant

Company

Sun Exploration & Production Co

Date

9-2-83

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.

RECEIVED RECEIVED

SEP 5 1983

HOBBY OFFICE

DISTRICT	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I. Operator
SUN EXPLORATION & PRODUCTION COMPANY
Address
P. O. BOX 1861 - Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner _____

CASINGHEAD GAS MUST NOT
FLARED AFTER 11/1/83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. R. Cooper "A"	Well No. 3	Pool Name, including Formation Langlie Mattix 7 Rvrs. Queen Grayburg.	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>24-S</u> Range <u>36-E</u> <u>17-NMPM</u> , Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 23	Twp. 24-S	Rge. 36-E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: Applied for Surface Commingling.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 7-8-83	Date Compl. Ready to Prod. 8-9-83		Total Depth 3600'		P.B.T.D. 3590'			
Elevations (DF, RKB, RT, GR, etc.) 3345.4' GR	Name of Producing Formation Langlie Mattix		Top Oil/Gas Pay 3468'		Tubing Depth 2-7/8" @ 3533'			
Perforations 3568 - 3576, 3547 - 3555					Depth Casing Shoe 3600'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 563'		SACKS CEMENT 400 SX "C"			
7-7/8"	5 1/2"		3600'		800 SX "C"			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 8-9-83	Date of Test 9-1-83	Producing Method (Flow, pump, gas lift, etc.) Pump 2 1/2 X 1 1/2 X 16'	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 40.2 oil gravity	Oil-Bbls. 39	Water-Bbls. 26	Gas-MCF 115

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

Maria L. Perez
(Signature)
Senior Accounting Assistant
(Title)
9-2-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 6 1983, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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

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SEP 5 1983

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Sun Exploration & Production Co.
Address
P.O. Box 1861, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
request test allowable of 500 bbls to
test Langlie Mattix Pool.
New drilling well
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.R. Cooper "A" Well No. 3 Pool Name, including Formation *Langlie Mattix*
Jalmat Tansill Yates Seven Rivers State, Federal or Fee Lease No.
Location
Unit Letter A ; 660 Feet From The North Line and 990 Feet From The East
Line of Section 23 Township 24-S Range 36-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Test tank on location

Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P.O. Box 838, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
gas being flared Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit A Sec. 23 Twp. 24-S Rge. 36-E Is gas actually connected? No When

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) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'ty. Diff. Res'ty.
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
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-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

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.

Maria L. Perez
(Signature)
Sr. Acting Asst.
(Title)
8-30-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 2 1983 19
BY
ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.
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