

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 GAS

I. Operator

Sun Exploration & Production Company

Address

P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

☒ New Well

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinghead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain)

Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Meyers "B"	5	Jalmat	State, Federal or Fee Federal	MM-12611
Location				
Unit Letter	F	: 1980 Feet From The	North	Line and 1980 Feet From The
Line of Section	11	Township	24-S	Range 36-E, NMPM, 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"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
F 11 24-S 36-E	Is gas actually connected? When Now negotiating gas contract. Well SI

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

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Maria L Perez
(Signature)
Senior Accounting Assistant
(Title)
2-28-84
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 9 1984
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-4-83	Date Compl. Ready to Prod. 11-10-83	Total Depth 3800			P.B.T.D. 3710' CIBP				
Elevations (DF, RKB, RT, CR, etc.) 3382.5' GR	Name of Producing Formation Jalmat	Top Oil/Gas Pay 3364'			Tubing Depth 3538'				
Perforations 3580-3638' and 3390'-3396' <i>OK PR</i>						Depth Casing Shoe 3505 SN			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		474'		400 SXS				
7-7/8"	5-1/2"		3800'		900 SXS				

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 12-17-84	Date of Test 2-23-84	Producing Method (Flow, pump, gas lift, etc.) 2 x 1-1/2 x 12' pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 27	Water - Bbls. 13	Gas - MCF 300

GAS WELL

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

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