DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMI! Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE SUN OIL COMPANY P.O. Box 1861, Midland, TX 79702 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Ownership X Casinahead Gas Condensate If change of ownership give name SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704 Kind of Lease Lease No. Winningham 1 Jalmat Tansill Yt 7 Rurs Gas State, Federal or Fee Fee C 1980 Feet From The West Line and 660 North Feet From The 30 25-S Range37-E , _{имрм}, Lea Line of Section Township County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | or Condensate | / h'AT Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ____ Address (Give address to which approved copy of this form is to be sent) Unit , Sec. Is gas actually connected? If well produces oil or liquids, give location of tanks. When If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Workover Deepen Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion -(X)Total Depth Date Compl. Ready to Prod. 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 (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 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 Cil-Sbis. Water - Bble. Gas - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size Coming Pressure (Shut-in) VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION

TITLE _

July 1, 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 _____ Orange Signed By Jerry Santon

(Signature) Production/Proration Supervisor

(Title)

(Date)

Diet I, Supy. 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-10d must be filed for each root in multiply