

DISTRIBUTION	
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-11
Effective 1-1-65

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: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	Other (Please explain) Name Change Only From: Sun Oil Company

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gregory "C"	Well No. 2	Pool Name, including Formation Langlie Mattix 7 Rvrs.Q.Gryb	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter H 1980 Feet From The North Line and 660 Feet From The East Line of Section 35 Township 25-S Range 37-E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Jal, NM					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 35	Twp. 25	Rge. 37	Is gas actually connected? Yes	When 8-14-61

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'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			
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.

Dee Ann Kemp
(Signature)
Acct. Asst. II
(Title)
1-1-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 multiple

DISTRIBUTION
SANTA FE
FILE
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and O-111
Effective 1-1-65

I.

Operator
SUN OIL COMPANY
Address
P.O. Box 1861, Midland, TX 79702
Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☒
Change in Transporter oil ☐
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. Pool Name, Including Formation	Kind of Lease	Lease No.
Gregory "C"	2 Langlie-Mattix 7 Rvrs Q.Gryb.	State, Federal, or Fee Federal	
Location	Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>		
Line of Section	<u>35</u> Township <u>25-S</u> Range <u>37-E</u> N.M.P.M.	<u>Lea</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Permian	P.O. Box 1183, Houston, TX
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Jal, NM
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>35</u> Twp. <u>25</u> Rge. <u>37</u>
Is gas actually connected?	When <u>8-14-61</u>

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.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)

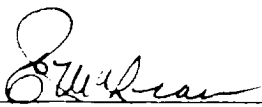
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

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


(Signature)
Production/Proration Supervisor
(Title)
July 1, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19 _____

BY _____

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.
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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 O-104 must be filed for each pool in multiple

STATE FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATOR
 PROBATION OFFICE
 Operator

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Replaces Old O-104 and O-107
 Effective 1-1-65

Address
 SUN TEXAS COMPANY
 P. O. Box 4067 Midland, Texas 79704
 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
 TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX, 79704

DESCRIPTION OF WELL AND LEASE
 Lease Name
 Well No.
 Pool Name, Including Formation
 Kind of Lease
 State, Federal or Fee
 Lease No.
 Location
 Unit Letter
 Feet From The Line and
 Feet From The
 Line of Section
 Township
 Range
 NMPM
 County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☐ or Condensate ☐
 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)
 If well produces oil or liquids, give location of tanks.
 Unit
 Sec.
 Twp.
 Rge.
 Is gas actually connected?
 When

If this production is commingled with that from any other lease or pool, give commingling order numbers:

COMPLETION DATA
 Designate Type of Completion - (X)
 Oil Well
 Gas Well
 New Well
 Workover
 Deepen
 Plug Back
 Same Res't
 Diff. Res't
 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

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)
 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
 Oil-Bbls.
 Water-Bbls.
 Gas-MCF

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

I. 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.
 Regional Operations Superintendent/West
 (Title)
 SEP 12 1980
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED
 BY
 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 multiple completion wells.