

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:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
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 L. L. Gregory	Well No. Pool Name, including Formation 1 Langlie Mattix 7 Rvrs. Q. Gryb.	Kind of Lease State, Federal or Fee Federal	Lease No. NMJ-544
Location Unit Letter P : 990 Feet From The South 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 Ta'd

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 number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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)

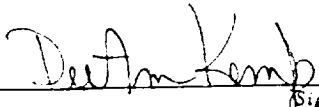
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.


Acct. Asst. II
1-1-82

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

Form with multiple sections: TITLE, FILE, U.S.G.S., LAND OFFICE, TRANSPORTER, OPERATOR, PROPORTION OF FICE, Operator, SUN TEXAS COMPANY, Address, P. O. Box 4067, Midland, Texas 79704, Reason(s) for filing, Change in Transporter of, Oil, Dry Gas, Castinghead 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, 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, Address, Name of Authorized Transporter of Castinghead Gas, Address, If well produces oil or liquids, give location of tanks, If this production is commingled with that from any other lease or pool, give commingling order number, COMPLETION DATA, Designate Type of Completion, Date Spudded, Date Compl. Ready to Prod., Total Depth, F.B.T.D., Elevations, 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 OIL WELL, Date First New Oil Run To Tanks, Date of Test, Producing Method, 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/MCF, Gravity of Condensate, Testing Method, 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, SEP 12 1980, 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 multiply