1.	DISTRIBUTION JANTA FE J.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Cperator Sun Exploration & Address	AUTHORIZATION TO TR	CONSERVATION COM SION FOR ALLOWABLL AND ANSPORT OIL AND NATURAL C	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65	
		dland, Texas 79702 Change in Fransporter of: Oil Dry Ga Casinghead Gas Conde	From: Sun Ui		
11.	DESCRIPTION OF WELL AND	LEASE Well No.: Pool Name, Including F	ormation King of Lease		
			1 Ytaes 7 Rvrs. State, Federal	cr Fee Patented	
111	DESIGNATION OF TRANSPOR	FER OF OUL AND MATURAL CA			
	Name of Authorized Transporter of Cit <u>Texas New Mexico Pip</u> Name of Authorized Transporter of Cas <u>El Paso Natural Gas</u> If well produces oil or liquids,	💢 or Condensate 🖂 🗌	Address (Give address to which approv Box1510, Midland, Te Address (Give address to which approv Jal, NM Is gas actually connected?	XAS ed copy of this form is to be sent)	
	give location of tanks.	P 26 24 36	Yes		
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded	Oil Weil Gas Wel!	give commingling order number:	Plug Bacz Same Res'v. Diff. Res'v.	
	Elevations (DF, RKB, RT, GR, etc.,				
	Levelions (DF, AKB, KI, GR, etc.)	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth	
	Perforations Depth Casing Shoe				
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	······································		<u></u>		
<b>v</b> .	OIL WELL	nd must be equal to or exceed top allow-			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbla.	Water-Bbis.	Gas-MCF	
I					
	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	
	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.				
-	Del Armedem Signal Acct. Asst. II 1-1-82 (Dat	e)	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 allow- able 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.		
		ł	Senerate Forme ColOd must be filed for each coal in multiply		

DISTRIBUTION		ONSERVATION COME ON	Form C -104	1 <b>242</b> A. 461 ().			
J.S.G.S.	AUTHORIZATION TO TRA	AND INSPORT OIL AND NATURAL (	Eitective 1-1-6	د			
LAND OFFICE							
IRANSPORTER							
OPERATOR PROBATION OFFICE							
SUN OIL COMPANY							
Address							
P.O. Box 1861, Midland Reason(s) for filing (Check proper box)	, IX /9/02	Other (Please explain)					
New Well Recompletion	Change in Transporter of: Oil Dry Ga						
Change In Ownership	Oll Dry Ga Casinghead Gas Conder						
If change of ownership give name SI	JN TEXAS COMPANY, P.O.	Box 4067, Midland, TX	79704				
II. DESCRIPTION OF WELL AND LI	Weil No. Fool Mame, Including Fo			Lease No.			
Woolworth Location	l Jalmat Tansil	Yates / KWYS. State, Federa	<pre>L or F ee Patented</pre>				
Unit Letter P 660	Feet From The South	e and Feet From 7	East				
Line of Section 26 Towns	shtp 24-S Bange	36-E , <sub>NMPM</sub> ,	Lea	County			
III. DESIGNATION OF TRANSPORTE		c	· · ·				
Name of Authorized Transporter of Off	or Condensate	Address (Give address to which appro	eed copy of this form is to	be sent)			
Texas-New Mexico Pipel		Box 1510, Midland, TX 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.	Jnit Sec. Twp. Rge. P 26 24 36	Is gas actually connected? Why Yes	en -				
If this production is commingled with IV. COMPLETION DATA	that from any other lease or pool,	give commingling order number:					
Designate Type of Completion	- (X)	New Well Workover Deepen	Plug Back Same Res	v. Diff. Res'v.			
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	L			
Elevations (DF, RKB, RT, GR, etc., N	Name of Producing Formation	Top C!!/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
HOLE SIZE	TUBING, CASING, AND CEMENTING RECORD						
	CASING & TUBING SIZE	DEPTH SET	SACKS CEM				
		1	1				
		· · · · · · · · · · · · · · · · · · ·	÷				
V. TEST DATA AND REQUEST FOR OIL WELL		fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or e:	xceed top allow-			
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(t, etc.)				
Longin of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Dil-Bbis.	Wate:-Bbls.	Gas-MCF	•			
		<u> </u>	1				
GAS WELL							
Actual Prod. Test-MCF/D	length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.) T	ubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	L				
			n				
I hereby certify that the rules and reg Commission have been complied wit above is true and complete to the b	h and that the information given	APPROVED, 19					
above is inte and complete to the b	est of my knowledge and bellet.	TITLE					
$\mathbb{Q}$		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 allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner.					
Othe Rean							
Production/Proration S	upervisor						
<i>(Title)</i> July 1, 1981							
(Date)	,	well name or number, or transport		e of condition.			
		Alterna ( allia mila)	· · · ·				

	DISTRIBUTION · · · · · · · · · · · · · · · · · · ·		DNSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	OPERATOR PROBATION OFFICE		•					
1.	Operator SUN_TEXAS_COMPANY							
	Address TOP TO							
	P. O. Box 40 Reason(s) for filing (Check proper box)		79704 Other (Please explain)					
	New Woll Recompletion	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens						
	change of ownership give name TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX, 79704							
U DESCRIPTION OF WELL AND LEASE								
	Lease Name		State, Federal	or Fee Thirty Programme				
Unit Letter ; (								
	Line of Section 7 Tow	mship Alexander Range	, NMPM,	County				
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)				
	Name of Authorized Transporter of Oil	1 and a grant to	Right 1991 Address to which approv					
	Name of Authorized Transporter of Cas	inghead Gas 🕞 or Dry Gas 🔄	NEW 112 112					
	If well produces oil or liquids, give location of tanks,	Unit Sec. Twp. P.ge.		n				
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, f		Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completio	on - (X)	New Well Workover Deepen					
	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		I	Depth Casing Shoe				
		TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
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 allow- able 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 lif	t, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bble.	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)	Coming Pressure (Shut-in)	Choke Size				
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
	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.							
			TITLE	14 1				
	6.1.		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend to the deviation of the deviation of the deviation					
	(Sinaiwe) Regional Operations Superintendent/West		tests taken on the well in according to filled out completely for allow-					
(Tule) SEP 1 2 1930 (Date)			able on new and recompleted wells.					
			well name or number, or transported of the filed for each pool in multiply Separate Forms C-104 must be filed for each pool in multiply					
	,		compared to the second se					