## 40, OF COFIFE NECESARD DISTRIBUTION NEW MEXICO OIL CONSERVATION COM-15tm C+104 SABLA PE REQUEST FOR ALLOWABLE Superseder Old C-101 and C-1 111.6 Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRAHSPORTER GAS OPERATOR PROBATION OFFICE Doyle Hartman Address Post Office Box 10426 Midland, Texas 79702 Reason(s) for liling (Check proper box) Other (Please explain) Change in Transporter of Recompletion Dry Gas Oil Change in Ownership X Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ Sun Exploration & Production Co. P. O. Box 1861 Midland, TX 79702 I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee McKinney (SWD) Langlie Mattix State Location 660 Feet From The North 660 East Unit Letter \_Line and Feet From The Line of Section 36 qidenwoT 24S Range 36E , NMPM Lea County A. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 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) Twp. Unit Sec. P.ge. Is gas actually connected? When If well produces off or liquide, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers COMPLISTION DATA Gas Well Plug Back Same Hes'v. Diff. Res'v Designate Type of Completion - (X) Date Saudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top O!1/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 (Test must be after recovery of total volums of load oil and must be equal to ar exceed top allowable for this depth or be for full 24 hours) OIL WELL Date First New Cil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Cosing Pressure Choke Size

GAS WELL Actual Fred. Tool-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Teating kiethed (pitot, back pr.) Tubing Prossure (Shut-in) Cosing Pressure (Shut-in) Choke Size

Water - Bbls.

## T. CERTHICATE OF COMPLIANCE

Actual Pred. During Tost

I hereby cortify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

Oil - Bble.

Larry Nermy

Engineer (Title)

February 4, 1986 Dates OIL CONSERVATION COMMISSION

Gas - MCF

FEB 7 - 1986 APPROVED.

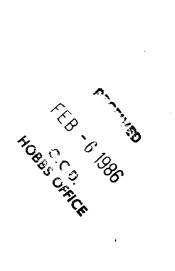
ONGINAL SCONED BY JERRY SEXTON DISTRICT | SUPERVISOR TITLE .

This form is to be filed in compliance with HULE 1104.

If this is a request for allowable for a newly dellist or despensed well, this form must be accompanied by a tabulation of the deviation touts taken on the well in accordance with fluck itt.

All sections of this form must be filled out completely for allowride on now and incompleted violin.

Fift out only Sections 1, 11, 111, and VI for change of owner, well name or number, or transporter, or other such change of condition.



DISTRIBUTION		porte	
SANTA FE		CONSERVATION COL SION	Form C-104
FILE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-1
J.S.G.S.	MITHODIZATION TO T	AND	Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURA	AL GAS
TRANSPORTER OIL GAS I			
OPERATOR	<del></del>		
PRORATION OFFICE			
Operator	& Production Co.		
Address	Midland, Texas 79702		
Reason(s) for filing (Check proper		101	
New Weil	Change in Transporter of:	Other (Please explain)	
Recompletion	OII Dry	Name Chan	
Change in Ownership		densate From: Sun	0il Company
If change of ownership give name and address of previous owner	e		
II. DESCRIPTION OF WELL AN	MEI No.   Pool Name, including		
McKinney (SWD)	l Langlie-Matt	iv	deral or Fee State
Location A	660 North	660	r
Unit Letter A;		ine and 660 Feet Fr	om The
Line of Section 36	Township 24-S Range 3	6-Е , ммрм,	Lea
III. DESIGNATION OF TRANSPO	ON CONCERN OF OIL AND NATURAL G	Address (Give address to which ap	oproved copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which ar	proved copy of this form is to be sent)
			erous 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 IV. COMPLETION DATA	with that from any other lease or pool	, give commingling order number:	
Designate Type of Comple	tion - (X) Off Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
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			Devil G. 1 G.
			Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST	FOR ALLOWARIE (T		
OIL WELL	able for this d	ifter recovery of total volume of load c epth or be for full 24 hours)	oil and must be equal to or exceed top allow-
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-Bhis.	Water Byla	
		Water - Bols.	Gae-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)	
		(Dude-III)	Choke Size
. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	

## VI.

IV

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.

Accouning Assistant ΙI

(Title)

(Date)

<u>January 1, 1982</u>

APPROVED_		, 19
BY	Orig. Signed by	
	Jerry Sexton	
TITLE	Dist 1, Supra	

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-104 must be filled for each nool in multiple