	~	w ·		
<u> </u>	4			
DISTRIBUTION	NEW MEXICO OIL O	Form C-104		
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11	
FILE		AND	Elfective 1-1-65	
J.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS RECEIVED	
LAND OFFICE				
TRANSPORTER GAS V			FEB 8 19 <b>82</b>	
OPERATOR V	_			
PRORATION OFFICE Cperator			O. C. D.	
Sun Exploration & Pro	aduction Co		ARTESIA, OFFICE	
Address	daction to.			
P. O. Box 1861, Midla	and Texas 79702			
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	OII Dry Go	Name Change On		
Change in Ownership	Casinghead Gas Conde	⊨ From: Sun Oil	Company	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation   Kind of Lea		
M. Dodd "B"	26 Grayburg Jacks			
Location		State. 1 state.	di ci ree l'ederal LC020/311	
Unit Letter;;	1980 South Lir	ne andFeet From	The East	
Line of Section 10 To	wnship 17-S Range	29-E , NMPM, Edd	ly County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of Oil		Address (Give address to which appro	oved copy of this form is to be sent;	
Texas-New Mexico Pipe	Line	P. O. Box 1510, Midland, Texas 79702  Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Ca		Address (Give address to which appre	oved copy of this form is to be sent)	
Phillips Pipe Line Com	pany	lst Floor Phillips Blo	lg. Annex, Bartlesville.	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? W	ok. 74004	
give location of tanks.	H 115 17 29			
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
Designate Type of Completic	OIL Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
	<u></u>	ļ ;		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
(0.5. 0.40)				
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations				
renorations			Depth Casing Shoe	
	TURING CASING AND	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKE CINENT	
11022 3.22	OASMO & FORMO SIZE	DEFINACI	SACKS CEMENT	
		<del>                                     </del>		
TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	l and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ifi, etc.) Paczed FD-	
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Length of Teat	Tubing Preseure	Casing Pressure	Choke Size man	
Actual Prod. During Test	Cii - Bbis.	Water - Bbls.	Gas-MCF	

GAS WELL Actual Frod. 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

11.

III.

IV.

v.

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

(Date)

Senior Accounting Assistance

(Title)

January 25, 1982

OIL CONSERVATION COMMISSION

APPROVED.	MAK_I	0 1302	19 .	
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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 MULE 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.

Canarata Forms C-104 must be filed for each nool in multiply