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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE **AND**

Form C-104 Old C-104 and C-110

Referie LEG VED AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JAN 22 1969 O. C. C. EFFECTIVE 4-1-70 SUN OIL COMPANY - DX DIVISTERIA, OFFICE Operator TO SUN OIL COMPANY - DX DIVISION PANY Address P. O. BOX 2830 P. O. Box 1416, Roswell, New Mexico 68201 Other (Please explain) Reason(s) for filing (Check proper box) New Well 011 Dry Gas Recompletion Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No State, Federal or Fee Kewanee State 1 Cass Ranch - Morrow Gas State E-7904 660 Feet From The North Line and 660 Feet From The Unit Letter Township 20**-**S Range 23-E , NMPM, <u>Eddy</u> County Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Scurlock Ofl Company
Transporter of Casinghead Gas 414 Mid-American Bldg. Midland. Texas 79701 or Dry Gas 🕎 Name of Authorized Transporter of Natural Gas Pipeline Company of America P.O. Box 638, Loyington, New Mexico 88260 **205** December 27, 1968 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back New Well Same Res'v. Diff. Res'v. Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Length of Test Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) TION COMMISSION OIL CONSERY VI. CERTIFICATE OF COMPLIANCE APPROVED 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. OIL AND GAS INSPECT 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. D. Lebo (Signature)

District Engineer

(Title)

January 21, 1969

(Date)

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 completed wells.