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TRANSPORTER — GAS	/	
OPERATOR	/	
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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-110
Effective 1-1-65

RECEIVED
MAY 7 1979
O. C. C.
ARTESIA, OFFICE

Operator
Sun Oil Company

Address
P. O. Box 1861, Midland, TX 79702

Reason(s) for filing *(Check proper box)*

- New Well ☐
- Recompletion ☐
- Change in Ownership XX
- Change in Transporter of: Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐

Other *(Please explain)*
Initial filing on newly established unit
Lease name and well number change.

If change of ownership give name and address of previous owner: Formerly Kersey's Bass No. 2

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
East Millman Pool Ut,Tr 3	2	Millman (Q-G), East	Fee	E-4397

Location
Unit Letter H ; 2310 Feet From The North Line and 990 Feet From The East
Line of Section 12 Township 19S Range 28E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Navajo Refining Co.	Box 159 - Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas ☐	**Address *(Give address to which approved copy of this form is to be sent)***
Phillips Petroleum Co.	Drawer P - Artesia, NM 88210

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	12	19S	28E	Yes	3-28-74

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'v.	Diff. Res'v.

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

(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)

OIL WELL

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.

Doris Williams
(Signature)
Sr. Administrative Clerk
(Title)
4-1-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY - 8 1979, 19
BY W. A. Gressett
TITLE *SUPERVISOR, DISTRICT II*

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