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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 Form C-104  
Effective 1-1-65

Operator <b>Sunray DX Oil Company</b>		<b>EFFECTIVE 4-1-70</b> <b>SUN OIL COMPANY - DX DIVISION</b> <b>NAME CHANGED TO</b> <b>SUN OIL COMPANY</b>	
Address <b>Box 1416, Roswell, New Mexico</b>			
Reason for change (Check proper box)	Other (Please explain)		
<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate	

Effective March 1, 1967

**SUNRAY DX OIL CO.**  
**NAME CHANGED TO:**  
**SUN OIL CO. - DX DIVISION**  
**OCTOBER 25, 1968**

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Farmington Townsite</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Basin Dakota Gas</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>B</b> ; <b>1750</b> Feet From The <b>East</b> Line and <b>990</b> Feet From The <b>North</b> Line of Section <b>2</b> , Township <b>29N</b> Range <b>13W</b> , NMPM, <b>San Juan</b> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 3119, Midland, Texas 79701</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1560, Farmington, New Mexico</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b> Sec. <b>2</b> Twp. <b>29</b> Rge. <b>13</b>	Is gas actually connected? <b>Yes</b> When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.E.P.C.			
Pool	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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or greater than the volume of oil lost during the test, and must be able for this depth or be for full 24 hours)

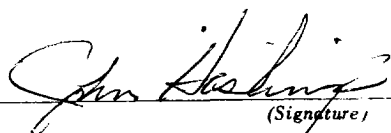
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Spot, back pr.)	Testing Pressure	Casing Pressure	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.

  
**John Hastings**  
(Signature)  
**District Engineer**  
(Title)

**February 24, 1967**  
(Date)

OIL CONSERVATION COMMISSION

**APPROVED** **FEB 27 1967**  
**BY** Original Signed by **Emery C. Arnold**  
**TITLE** **SUPERVISOR DIST. #3**

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 Sections I, II, III, and VI only 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.