

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-100
 Supersedes Old O-101 and O-111
 Effective 1-1-65

NAME OF WELL
 OPERATOR
 LOCATION OF OFFICE

CORRECTED

Sun Oil Company

Address
 2525 N. W. Expressway, Oklahoma City, Oklahoma 73112

Reason for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Re-completion Oil Dry Gas
 Change in Ownership Conduthead Gas Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Name of Lease: N.M. Federal -N- Well No., Post Plane, including Formation: 1 E Basin Dakota Kind of Lease: Federal Name: NM Q47

Location: Well Letter: *OP*; 1120 Feet From The South Line and 1120 Feet From The East

Line of Section: 17 Township: 30N Range: 12W, NMDM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent): Plateau, Inc., Box 108, Farmington, New Mexico

Name of Authorized Transporter of Conduthead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent): Southern Union Gathering, Fidelity Union Tower, Dallas, Texas 75201

If well produces oil or liquids, give location of tanks: Unit: D Loc: 17 Twp: 30N Rce: 12 Is gas actually connected? NO

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

COMPLETE LOG DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New well	Workover	Deepen	Plug Back	Shut Restv. Part. P.
		X	X				

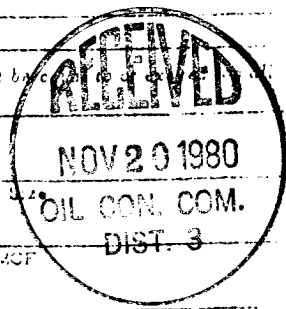
Date Compl. Ready to Prod.	Total Depth	P.D.T.D.
7-14-80	6840'	6790'
Revisions (DE, RND, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
5812' GR	Basin Dakota	6492'
Perforation	Is gas actually connected?	When
6621' - 6582'	NO	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	375'	250 sx
7-7/8"	4-1/2"	6900'	2500 sx

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be available for this depth or be for full 24 hours)

Date of Test	Producing Meter (Flow, pump, gas lift, etc.)	
7-14-80		
Length of Test	Casing Produce	Choke Size
244		
Actual Flow During Test	Water - lbs.	Gas - MCF



Actual Flow Test - MCF/D	Length of Test	Lbs. Condensate/MCF	Gravity of Condensate
244	24 hrs.	0	---
Testing Pressure (psig, psia, etc.)	Testing Pressure (psig-in)	Casing Pressure (psig-in)	Choke Size
Back Press	125#	0	64

STATEMENT OF COMPLIANCE

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

Jeanne Owens
 (Signature)
 Distr. Supvr./Proration
 11-17-80
 (Date)

OIL CONSERVATION COMMISSION
 NOV 24 1980

APPROVED: _____, 19____
 Original Signed by CHARLES GHOLSON
 BY: _____
 TITLE: DEPUTY OIL & GAS INSPECTOR, 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 may be recompleted by a circulation of 0.1 or more (tests taken on the well in accordance with RULE 111).

All portions of this form must be filled out completely for all wells or new and re-completed wells.
 Fill out only Sections I, II, III, and VI for changes of ownership name of land, or transporter, or other such change of ownership.

