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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104

Supersedes Old O-104 and O-110
Effective 1-1-65

SEP 21 1968

Operator Sun Oil Company		
Address P. O. Box 2792 Odessa, Texas 79760		
Reason(s) for filing (Check proper box)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☒	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mex. "N" State Oil Com.	Well No. Pool Name, including Formation 1 Undesig. (Inbe Permo Penn Ext.)	Kind of Lease State, Federal or	State L-196 & K-2519	
Location				
Unit Letter L	760	Feet From The North	Line and 660	Feet From The West
Line of Section 4	Township 11S	Range 34E	NWPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Service Pipe Line Company	Name of Authorized Transporter of Gas or Dry Gas Pan American Petr. Corp. (Trucks)	Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville Ave., Lubbock, Texas 79413			
Name of Authorized Transporter of Gas or Dry Gas NONE		Address (Give address to which approved copy of this form is to be sent) P. O. Box 3120, Midland, Texas 79701			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 4	Twp. 11S	Range 34E	In gas actually connected? No

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 Work	Same Wells	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.R.T.S.					
Elevations (D.F., P.K.B., P.T., G.R., 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 OIL WELL

(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)

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 (pilot, 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.

RW Hughes

(Signature)

Proration Clerk

(Title)

September 23, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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.

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.