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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 C-104
 Supersedes Old C-104 and C-110
 HUBBS OFFICE - O.C.C.
 MAR 1 1 43 PM '66

I. OPERATOR

Operator
Sun Oil Company

Address
P. O. Box 2880, Dallas, Texas

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

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 **James McFarland "A"** Lease No. _____ Well No. **1** Pool Name, including Formation **Chaveron-Sun Andries (Undesignated) Chaveron R-3096** Kind of Lease _____ State, Federal or Fee **- Fed**

Location
 Unit Letter **0** ; **660** Feet From The **South** Line and **1980** Feet From The **East**
 Line of Section **20** Township **7S** Range **33E** , NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
Box 3119, Midland, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas
 - - - - -

If well produces oil or liquids, give location of tanks. Unit **0** Sec. **20** Twp. **7S** Rge. **33E** Is gas actually connected? **No** When **-**

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 1-20-66	Date Compl. Ready to Prod. 2-26-66	Total Depth 4430	P.B.T.D. 4330					
Elevations (DF, RKB, RT, GR, etc.) DF-4438, RDB-4439-GR-4427	Name of Producing Formation Milnesand Porosity	Top Oil/Gas Pay 4150	Tubing Depth 4182					
Perforations 4170, 76, 97, 4208, 53, 57, 61, 64, 66, 73, 75, 82, 88, 90, 92, & 98 w/1 jet shot per interval							Depth Casing Shoe 4430	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8"		377'		100			
7-7/8"	4-1/2"		4430'		150			
7-7/8"	2"		4182'		-			

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 2-9-66	Date of Test 2-26-66	Producing Method (Flow, pump, gas lift, etc.) Pumping, 12" x 44 SPM	
Length of Test 24 Hrs.	Tubing Pressure 20#	Casing Pressure 12#	Choke Size 1"
Actual Prod. During Test 91.00	Oil - Bbls. 73.00	Water - Bbls. 18.00	Gas - MCF 17.3

GAS WELL

Actual Prod. Test - MCF/D -	Length of Test -	Bbls. Condensate/MMCF -	Grav. ty of Condensate -
Testing Method (pitot, back pr.) -	Tubing Pressure -	Casing Pressure -	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.

T. E. Maxwell
 Area Engineer
 2-28-66

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 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.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

