

DISTRIBUTION
SANTA FE
FILE
J.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMM. ON  
**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-105  
 Effective 1-1-65

I. Operator  
**SUN OIL COMPANY**  
 Address  
**P.O. Box 1861, Midland, TX 79702**  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate   
 Other (Please explain)  
 If change of ownership give name and address of previous owner **SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704**

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name **State "A" A/C 1** Well No. **21** Pool Name, Including Formation **Jalmat Tansill Yts 7 Rvrs Gas** Kind of Lease **State, Federal or Fee State** Lease No.  
 Location  
 Unit Letter **H** ; **1980** Feet From The **North** Line and **660** Feet From The **East**  
 Line of Section **13** Township **23-S** Range **36-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
**None** Address (Give address to which approved copy of this form is to be sent)  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
**El Paso Natural Gas** **Jal, NM 88252** Address (Give address to which approved copy of this form is to be sent)  
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When  
**Yes**

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 Restv.	Diff. Restv.
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	

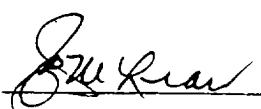
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

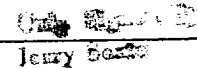
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  

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.  
  
 \_\_\_\_\_  
 Production/Proration Supervisor  
 \_\_\_\_\_  
 (Title)  
 July 1, 1981  
 \_\_\_\_\_  
 (Date)

OIL CONSERVATION COMMISSION  
**JUL 28 1981**  
 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 multiple