## DISTRIBUTION NEW MEXICO OIL CONSERVATION ( AISSION ANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11( FILE Effective 1-1-65 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE SUN OIL COMPANY P.O. Box 1861, Midland, TX 79702 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate 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 Well No. Pool Name, Including Formation Kind of Lease Lease No. State "AO" North Bagley-Penn NM 315 State, Federal or Fee State , 1980 Unit Letter F Feet From The North 2050 West Line and Feet From The Line of Section 4 Township 12-S 33-E Range Lea , NMPM, County TA'd III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) <u>Amoco</u> P.o. Box 3092, Houston, TX 77001 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) <u>Warren Petroleum Corp</u> Box 1045, Hobbs, NM Twp. P.ge. If well produces oil or liquids, give location of tanks. Is gas actually connected? When 4 12 33 No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Gas Well Deepen New Well Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. 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 SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL 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 Water - Bble. Ggs - MCF **GAS WELL**

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, 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.

above is true and complete	e to the best of my knowledge and b	elief.
$\bigcirc$		
Lugia		
Comment	(Signature)	
Production/Prora	ation Supervisor	
	(Title)	
.lulv 1 1001		

(Date)

OIL CONSERVATION COMMISSION

BY Signed by

TITLE Set 1 Season

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.