	NO. OF COPIES RECEIVED	_					
	SANTA FE	DISTRIBUTION NEW MEXICO OIL				orm C-104	
	FILE		REQUEST	FOR ALLOWABLE		upersedes Old C-104 and C-11 ffective 1-1-65	
		-		AND	$f_{\mathcal{T}_{i}}$		
	U.S.G.S.	AUTHORIZ	ATION TO TR	ANSPORT OIL AND NAT			
	LAND OFFICE	-				And the second	
	TRANSPORTER					$-i\hbar j$	
	GAS	_					
	OPERATOR						
I.	PRORATION OFFICE						
	Sunset International Petroleum Corporation						
	201 Wall Building, Suite 308, Midland, Texas						
	Reason(s) for filing (Check proper box) Oscale Check proper box)						
	New Well Change in Transporter of: This well unitized effective 2-1-					ective 2-1-65	
	Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name Sunset International Petroleum Corporation (Same as above)						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE	Well No. Pool No	ame, Including Formation	Kind of L	ease	
	Mal-Gra Unit E		1 Mal	amar Grayburg		State deral or Fee	
	Location A 330		North	660	Eas	st	
	Unit Letter;		eL.i	ne and Fε 33E	eet From The	om The	
	Line of Section , To	17S wnship	Range	, NMPM,		County	
111.	Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma			
	If well produces oil or liquids		Twp. Rge.	Is gas actually connected? When		3 1059	
	give location of tanks.	J 20	17S 33E	Yes		3, 1930	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA						
		Oil We	ell Gas Well	New Well Workover D	eeper. Plug Baci	k Same Restv. Diff. Restv.	
	Designate Type of Completi	on $-(\Lambda)$,			1	
	Date Spudded Date Compl. Ready		to Prod.	Total Depth	P.B.T.D.		
		Name of Producing Forma		Top Oil/Gas Pay	Tubing D	anth.	
	Pool	Name of Producing	romation	Top On/ Gus Puy	rubing ty	apen	
	Perforations				Depth Ca	sing Shoe	
	TUBING, CASING, AND CEMENTING RECORD						
				1			
	HOLE SIZE	CASING & T	UBING SIZE	DEPTH SET		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, pun	np, gas lift, etc.)	,	
	Date I list iven on italia is a same				., ,		
	Length of Test	Tubing Pressure		Casing Pressure	Choke Siz	ze	
		,					
	Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	Gas - MCF		
	1						
	CAS WELL						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity	f Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure	Choke Siz	2e	

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.

Roberth brum diel

Production Manager, West Texas Division

March 2, 1965

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED ,	19
В	
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 Sections I, II, III, and VI only 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