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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-111  
Effective 1-1-65

Operator  
**SUNDANCE OIL EXPLORATION COMPANY**

Address  
**1675 Larimer St Suite 800 Denver Colorado 80202**

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

**Name change from Sundance Oil Company to Sundance Oil Exploration Company**

If change of ownership give name and address of previous owner \_\_\_\_\_

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>CONE FEDERAL</b>	Well No. <b>13</b>	Pool Name, including Formation <b>Tomahawk, san andres</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>15019</b>
Location				
Unit Letter <b>L</b>	<b>1980</b>	Feet From The <b>South</b>	Line and <b>660</b>	Feet From The <b>West</b>
Line of Section <b>31</b>	Township <b>7S</b>	Range <b>32E</b>	, NMPM, <b>Roosevelt</b> County	

**I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183 Houston Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Service Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 300 Tulsa Oklahoma 74102</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>31</b>	Twp. <b>7S</b>	Rge. <b>32E</b>	Is gas actually connected? <b>Yes</b>	When <b>8/25/79</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**II. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
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

**III. 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)

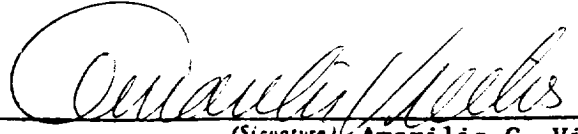
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**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

**I. 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.

  
(Signature) **Amarilis G. Vilches**  
**Senior Production Assistant**  
(Title)  
**July 20, 1984**  
(Date)

OIL CONSERVATION COMMISSION  
**AUG - 8 1984**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
**Eddie W. Seay**  
BY \_\_\_\_\_  
**Oil & Gas Inspector**  
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.

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AUG - 3 1984

O.C.D.  
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