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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERFORATION 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-1  
 Effective 1-1-65

Operator  
**SUNDANCE OIL COMPANY**  
 Address  
**Suite 910, 1776 Lincoln St., Denver, CO 80203**

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

New Well  Change in Transporter of:  
 Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership

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

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Cone Federal</b>	Well No. <b>21</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>
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Location  
 Unit Letter **M** ; **660** Feet From The **South** Line and **660** Feet From The **West**  
 Line of Section **19** Township **7S** Range **32E** , NMPM, **Roosevelt** County

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Koch Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1158, Breckenridge, TX 76024</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, OK 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? <input checked="" type="checkbox"/> When
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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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
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Date Spudded <b>10/24/80</b>	Date Compl. Ready to Prod. <b>1/22/81</b>	Total Depth <b>4250</b>	P.B.T.D. <b>4208</b>
Elevations (DF, RKB, RT, GR, etc.) <b>4403' GL, 4415' KB</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4107'</b>	Tubing Depth <b>4152</b>
Perforations <b>4107-15', 4122-25', 4129-33' w/2 spf</b>			Depth Casing Shoe <b>4250</b>

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4"</b>	<b>8 5/8"</b>	<b>1733</b>	<b>450 SX</b>
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>4250</b>	<b>300 SX</b>
	<b>2 3/8"</b>	<b>4152</b>	

**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 <b>1/10/81</b>	Date of Test <b>1/22/81</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>N/A</b>	Casing Pressure <b>N/A</b>	Choke Size <b>N/A</b>
Actual Prod. During Test <b>23 bbls.</b>	Oil-Bbls. <b>3</b>	Water-Bbls. <b>20</b>	Gas-MCF <b>0</b>

**GAS WELL**

Actual Prod. Test-MCF/D <b>N/A</b>	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.

*Richard O. Dimit*  
 (Signature) **Richard O. Dimit**  
 Vice President, Production  
 (Title)  
 January 30, 1981  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY *[Signature]*

TITLE **SUPERVISOR DISTRICT**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a tabulation of the available 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.