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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
EFFECTIVE 4-1-70

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

SUN OIL COMPANY - DX DIVISION

NAME CHANGED TO
SUN OIL COMPANY

NAME CHANGED TO:
SUNRAY DX OIL CO.

SEP 5 1968

Operator Sunray DX Oil Company P. O. BOX 2880	NAME CHANGED TO: SUN OIL CO. - DX DIVISION OCTOBER 25, 1963	D. C. C. ARTESIA, OFFICE
Address DALLAS, TEXAS 75201 P. O. Box 1416 - Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	* Commingled with Fren Seven Rivers	
Recompletion <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner Weier Drilling Company - Box 716 - Monahans, Texas 79756

II. DESCRIPTION OF WELL AND LEASE

Lease Name V. L. Foster	Well No. 1	Pool Name, including Formation Grayburg Jackson*	Kind of Lease State, Federal or Fee Fed. LC-049998 (a)	Lease No.
Location Unit Letter G ; 2310 Feet From The North Line and 2310 Feet From The East				
Line of Section 17 Township 17 Range 31 , NMPM, Eddy 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"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510 - Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, N.M. 88231 Box 1650 - Tulsa, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 17	Twp. 17	Rge. 31
	Is gas actually connected? Yes		When 6-60	

If this production is commingled with that from any other lease or pool, give commingling order number: PC 154

IV. COMPLETION DATA

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

R. D. Hill
(Signature)
District Administrative Services Manager
(Title)
September 4, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 10 1968, 19____
BY W. A. Gressett
TITLE Assistant Eng. Manager

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 multiply completed wells.