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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Replaces Old Forms C-104 and C-110  
Effective 1-1-65

APR 20 1970

U. D. D.  
ARTESIA, OFFICE

I. Operator  
Sun Oil Company  
Address  
P. O. Box 2880 Dallas, Texas 75201  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☒ Condensate ☐ Other (Please explain) from Skelly  
If change of ownership give name and address of previous owner Sun Oil Company DX Division P. O. Box 1416 Roswell, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name V. L. Foster	Well No. 2	Pool Name, including Formation from S.R. Grayburg - Jackson	Kind of Lease State, Federal or Fee Federal LC	Lease No. 049998 (a)
Location Unit Letter J ; 1650 Feet From The South 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 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) P. O. Box 428, Artesia, New Mexico 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 2197 Houston Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit 4G	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.

Bob Hille B.B. Hille  
(Signature)  
Engineer  
(Title)  
April 1, 1970  
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 21 1970, 19\_\_\_\_  
BY W. A. Sessett  
TITLE OIL AND GAS INSPECTOR

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 now 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.