	NO. OF COPIES RECEIVED		_		
	DISTRIBUTION	NEW MEXICO OIL C	Form C-104		
-	SANTA FE /	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE /-	FEEECTIVE 4	AND	Effective 1-1-65	
	U.S.G.S.	SANTHORIZATION TO TRANSPORT OIL AND		AL GAS	
	LAND OFFICE		DX DIVISION	RECEIVED	
	TRANSPORTER OIL	NAME CHANG			
	GAS /	SUN OIL COM	PANY -;	OED = 1000	
	OPERATOR /	SUNRAY DX		SEP 5 1968	
I.	PRORATION OFFICE	NAME COAT			
	Operator	Management of the second of th	O DX DIVISION	O. C. C.	
	Address	1 Scapany UCTOBER 2	<u> </u>	ARTESIA, OFFICS	
	P. U. BUX 2880				
	F. V. Bush		Other (Please explain)	75201	
	Reason(s) for filing (Check proper box		Other (Please explain)	,	
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Ga	<u> </u>	with Grayburg Jackson	
	Change in Ownership X	Casinghead Gas Conden	isdie	with diayous datason	
	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	Well No. Pool Name, Including Fo			
	V. L. Foster	7 Fren Seven-R	uvers* State, F	ederal or Fee Fed. LC-049998 (
	Location	90 0	1000	7 A	
	Unit Letter J; 208	Feet From The South Lin	e and Feet i	From The Rast	
	Line of Section 17 Toy	wnship 17 Range	31 , NMPM,	Eddy County	
	Line of Section 17 Tov	vnsnip 1,7 Huilde	31 , MMFM,	Eddy	
III	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs.		
111.	Name of Authorized Transporter of Oil		Address (Give address to which	approved copy of this form is to be sent)	
	Texas New Merico Pinel	ine Company	Boy 1510 - Midland	Tores 1910/	
	Texas New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas y or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
	Skelly Oil Company	•	Box 1650 Teles, Oklahous. M. 88231		
	If well produces oil or liquids.	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	G 17 17 31	Yes	6-60	
	If this production is commingled wil	th that from any other lease or pool,			
	COMPLETION DATA				
	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Dif			en Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic)n — (A)	1	1 1	
	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				
		T	CEMENTING RECORD	CACVE CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	THE PART AND PROSECULAR	OD ALLOWARIE (Transmission	6	ad all and much be count to an average ten all and	
V.		T DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)			
	OIL WELL 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	
			<u> </u>		
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSE	RVATION COMMISSION	
			STR		
	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.		BY W. G. Gressett		
	70 -1- 0		TITLE		
	707/0/		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	1. 0-1441 R. D. HILL				
	(Sign	dture)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	District Administrative Services Manager		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,		
	(Title)				
	September 4, 1968				
	(Do	ate)	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.		