DISTRIBUTION NEW MEXICO OIL CONSERVATION CON 3SION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 FILE EH-RECEIVED ن.s.G.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE FEB 8 1982 TRANSPORTER GAS O. C. D. OPERATOR PROPATION OFFICE ARTESIA, OFFICE Sun Exploration & Production Co. Address P. O. Box 1861, Midland, Texas 79702 Reasons) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Name Change Only Oil Recompletion Dry Gas From: Sun Oil Company Change In Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, including Formation Kind of Lease M. Dodd "B" State, Federal or Fee Federal 32 Grayburg Jackson Queen SA L¢ 028731 Location 1980 Feet From The North Line and 1980 Feet From The 11 Line of Section Township <u>17-S</u> Range 29-E Eddy , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) 1510, Midland, Texas 7576 New Mexico Pipe Line DOX Name of Authorized Transporter of Casinghead Gas 😿 or Dry Gas Address (Give address to a Phillips Pipe Is gas actually connected? Bldg. Annex, If well produces oil or liquids, 74004 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Plug Back Workover Same Resty, 'Diff. Resty, Designate Type of Completion - (X) Date Spudded Date Compi. 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 CASING & TUBING SIZE HOLE SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (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	Dute of Test	Producing Method (Flow, pump, gas lift, etc.)		Postod ID- 3
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	cha. Pr
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 Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing 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 beat of my knowledge and belief.

Maria J. Pers
(Signature)
Senior Accounting Assistance
(Title)
January 25, 1982

(Date)

OIL CONSERVATION COMMISSION

MAR 1 0 1982 APPROVED. 10000 SUPERVISOR, DISTRICT II 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.

Samenta Forme C-104 must be filed for each most in multiply