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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-110
RECEIVED
Effective 1-1-65

JAN 8 1969

O. C. C.
ARTESIA, OFFICE

EFFECTIVE 4-1-70
SUN OIL COMPANY - DX DIVISION
NAME CHANGED TO
SUN OIL COMPANY

Operator Sun Oil Company - DX Division

Address P. O. Box 2880
P. O. Box 1416 - Roswell, New Mexico 88201 DALLAS, TEXAS 75201

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

New Well Change in Transporter of:

Recompletion Oil Dry Gas *Change from shut-in to producing gas well.*

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name South Hope Unit Well No. 1 Pool Name, including Formation South Hope ~~Stream~~ Gas Kind of Lease State Lease No. E-7873

Location
Unit Letter K; 1980 Feet From The South Line and 1846 Feet From The West

Line of Section 30 Township 18-S Range 23-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
Scurlock Oil Company 414 Mid-American Bldg. - Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipeline Company of America P. O. Box 638 - Lovington, New Mexico 88260

If well produces oil or liquids, give location of tanks. Unit 1 Sec. 30 Twp. 18-S Rge. 23-E Is gas actually connected? Yes When December 29, 1968

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res ^{iv} .	Diff. Res ^{iv} .
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

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

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.

Ralph L. Maness
(Signature)
Acting District Engineer
(Title)
January 7, 1969
(Date)

OIL CONSERVATION COMMISSION
JAN 8 1969, 19 _____

APPROVED _____
BY W. A. Grasset
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 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.