

U.S.G.S.	5
SANTA FE	1
FILE	1
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

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

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

**RECEIVED**

**JUN 4 1979**

Operator Sun Oil Company ✓  
 Address P. O. Box 1861, Midland, TX 79702 **O.C.C. ARTERIA, OFFICE**

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) Initial filing on newly established unit. Lease name and well number change.

If change of ownership give name and address of previous owner Formerly Yates' Elliott Parcel #5

**DESCRIPTION OF WELL AND LEASE**  
 Lease Name East Millman Pool Ut Tr 6 Well No. 5 Pool Name, including Formation Millman (Q-G), East Kind of Lease Lease Lease No. 1861  
 Location  
 Unit Letter A 330 Feet From The North Line and 330 Feet From The East  
 Line of Section 13 Township 19S Range 28E NMPM, Eddy County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
Navajo Refining Co. Pipeline Div. Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) Drawer P, Artesia, NM 88210

If well produces oil or liquids, give location of tanks. Unit G Sec. 13 Twp. 19S Rge. 28E Is gas actually connected? Yes When \_\_\_\_\_

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'v.  Diff. Res'v.   
 Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_  
 Elevations (DF, RKB, RT, CR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top of 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 (Shot-in) \_\_\_\_\_ Casing Pressure (Shot-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.  
Don Williams  
 (Signature)  
 Production Staff Associate  
 (Title)  
 4/1/79  
 (Date)

**OIL CONSERVATION COMMISSION**  
**JUN 5 1979**  
 APPROVED \_\_\_\_\_ 19\_\_\_\_\_  
 BY W. A. Gressett  
 TITLE SUPERVISOR, DISTRICT II  
 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 multiple

