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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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-111
Effective 1-1-65

Operator Sun Oil Company	
Address P. O. Box 1861 - Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	
If change of ownership give name and address of previous owner	
Other (Please explain) Request temp. permission to surface commingle with Crossroads Devonian. Please call transporter and grant a temporary test allowable of 2000 barrels. Charge the call to Sun Oil Company's Number 915-685-0300.	

I. DESCRIPTION OF WELL AND LEASE				
Lease Name U. D. Sawyer	Well No. 4	Pool Name, Including Formation Crossroads Penn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>North</u>				
Line of Section <u>27</u> Township <u>9S</u> Range <u>36E</u> , NMPM, Lea County				

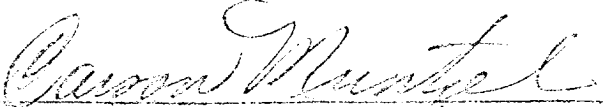
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Oil Corporation (915-684-8211)		Address (Give address to which approved copy of this form is to be sent) Box 633, Midland, TX 79702		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 27	Twp. 9S	Pge. 36E
		Is gas actually connected? Yes		When 12-16-78
If this production is commingled with that from any other lease or pool, give commingling order number: PC-556				

III. 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 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 lead oil and must be equal to or exceed test 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 (pilot, 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.	
	
Production Staff Associate	
(Title)	
12-18-78	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>DEC 20 1978</u> , 19	
BY <u>Jerry Sexton</u>	
TITLE <u>Dist 1, Supv.</u>	
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 change of owner, well name or number, or transporter or other such change of condition.	