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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-110
Effective 1-1-65
FEB 9 3 43 PM '66

Operator Sun Oil Company		
Address P. O. Box 2792 Odessa, Texas		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		
Lease Name State of New Mexico "E" State	Lease No. 5110	Well No. 1
Pool Name, including Formation Mescalero - San Andres		Kind of Lease State, Federal or Fee State
Location		
Unit Letter D	660 Feet From The North Line and 660 Feet From The West	
Line of Section 26	Township 10S	Range 32E
		NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 900 Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Okla. Attn: Mr. L.A. Jackson	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 26
	Twp. 10S	Rge. 32E
	Is gas actually connected? Yes	When Feb., 1966

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
ate Spudded	Date Compl. Ready to Prod.	Total Depth
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
erforations		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING 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)	
ate First New Oil Run To Tanks	Date of Test
ngth of Test	Producing Method (Flow, pump, gas lift, etc.)
ual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Oil - Bbls.
	Water - Bbls.
	Gas - MCF

WELL	
al Prod. Test-MCF/D	Length of Test
ng Method (pitot, back pr.)	Bbls. Condensate/MMCF
	Gravity of Condensate
	Casing Pressure
	Choke Size

IFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
certify that the rules and regulations of the Oil Conservation sion have been complied with and that the information given s true and complete to the best of my knowledge and belief.	APPROVED _____, 19 _____
E. Mapuehl (Signature)	BY John D. Faney
Area Engineer (Title)	TITLE _____
February 7, 1966 (Date)	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.