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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND HOBBS OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAY 27 7 57 AM '66

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

I.

Operator Sun Oil Company	
Address Box 2792, Odessa, Texas	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" 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 type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <del>State of New Mexico "I"</del>	Lease No. 1	Well No. 1	Pool Name, Including Formation Inbe-Penn Field; Bough "C"	Kind of Lease State, Federal or Fee State
Location Inbe-Pennsylvanian R 3080				
Unit Letter B	Feet From The 660	North	Line and 1978.9	Feet From The East
Line of Section 7	Township 11S	Range 24E	Lea	County

III. 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)		
Pan American Petr. Corp.	Mid-American Bldg., Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
None	-		
If well produces oil or liquids, give location of tanks.	Test Tank	Is gas actually connected? No	When -

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input type="checkbox"/>	Diff. Resv. <input type="checkbox"/>
Date Spudded 3-7-66	Date Compl. Ready to Prod. 4-25-66	Total Depth 9853	P.B.T.D. 9812					
Elevations (D.F., RKB, RT, GR, etc.) DF 4212, RKB 4213, GR 4198	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9795	Tubing Depth 9748					
Perforations 9799-9813 w/2 JSPP	Depth Casing Shoe 9814							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13-3/8	400	100 Sks					
11"	8-5/8	4000	175 Sks					
7-7/8"	4-1/2	9853	300 Sks					
7-7/8"	2-7/8	9748						

V. 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 4-21-66	Date of Test 4-25-66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 75	Casing Pressure Pkr.	Choke Size 18/64
Actual Prod. During Test 162	Oil - Bbls. 162	Water - Bbls. None	Gas - MCF 182.7

GAS WELL

Actual Prod. Test - MCF/D -	Length of Test -	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) -	Tubing Pressure -	Casing Pressure -	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 best of my knowledge and belief.

T. P. Maxwell

Area Superintendent

(Title)

April 28, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.