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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

HUBBS OFFICE O.C.C.
Nov 22 1 45 PM '66

I. Operator
Sunset International Petroleum Corporation
Address
201 Wall Bldg. Suite 308, Midland, Texas
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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name T P "A" State	Well No. 1	Pool Name, Including Formation North Bagley-Lower Pennsylvanian	Kind of Lease R-3182
Location Unit Letter J , 1980 Feet From The South Line and 1980 Feet From The East Line of Section 10 , Township 11 S , Range 33 E , NMPM, Lea County	State, Federal or Fee State		

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) 201 Wall Bldg. Suite 308, 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) 201 Wall Bldg. Suite 308, Midland, Texas		
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 10	Twp. 11 S
	Rge. 33 E	Is gas actually connected? No When On Approval	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 9-28-66	Date Compl. Ready to Prod. 1-20-66	Total Depth 10300			P.B.T.D. 10150			
Pool North Bagley	Name of Producing Formation Penn	Top Oil/Gas Pay 10055			Tubing Depth 10023			
Perforations 10128-26, 10117-10097, 10093-88, 10070-55, 2 Holes per ft.					Depth Casing Shoe 10300			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		350		375 Sacks Circulated			
11	8 5/8		3755		300 Sacks			
7 7/8	5 1/2		10300 DV Tool 4696		750 Sacks-300 Above DV			
	2 3/8		10123 Packer					

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 11-20-66	Date of Test 11-21-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 640	Casing Pressure Packer	Choke Size 18/64
Actual Prod. During Test 330 340	Oil-Bbls. 228	Water-Bbls. 112	Gas-MCF 406

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.

Danver Shavitt
(Signature)
Danver Shavitt
(Title)
11-22-66
(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 Sections I, II, III, and VI only 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.