			i			
	DISTRIBUTION SANTA FE					
	FILE					
	J.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
	OPERATOR	GAS				
1.	Operation OFFICE Sun Exploration & Proc					
	Address					
	P. O. Box	1861,	Midland			
	Reason(s) for filing (Check proper box)					
	New Well					
	Recompletion					
	Change in Ownership					
If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF	WELI	AND LE			
	Elliott "B"					
	Location					
	Unit Letter D	;	_660			
į	Line of Section	20	Townsh			

(Date)

IV.

-1 i

	SANTA FE	REQUE	L CONSERVATION COM. SIGN ST FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C Effective 1-1-65			
1	LAND OFFICE  IRANSPORTER OIL  GAS  OPERATOR	AUTHORIZATION TO T	RANSPORT OIL AND NATURA	L GAS			
-	Sun Exploration & Production Co.						
	Address						
	P. O. Box 1861, Midland, Texas 79702  Reason(s) for filing (Check proper box)  Other (Please explain)						
	New We!!  Recompletion  Change in Ownership	2	Name Change Codensate From: Sun Oi				
	If change of ownership give name and address of previous owner						
II	DESCRIPTION OF WELL ANI	TEACE					
	Lease Name Elliott "B" Location	Weil No. Pool Mame, Including   1   Blinebry Oil		eral or Fee Fee			
	Unit Letter D 66	O Feet From The North	ine and 660 Feet Fra	m The West			
	Line of Section 20	ownship 21-S Range	37-E , NMPM, Le	22			
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	GAS	County			
	The Permian Corporation	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)			
	Name of Authorized Transporter of Co Getty Oil Company	singhead Gas 🔀 💮 or Dry Gas 🗔	Address (Give address to which app	on, Texas 77001 proved copy of this form is to be sent)			
	If well produces oil or liquids,	Unit Sec. Twp. Age.	P. O. Box 300, 0il Ce	nter Bldg., Tulsa, Ok.			
	give location of tanks.  If this production is commingled w	th that from any other lease or pool	Yes	74102			
IV.	SUM EBTION BRITA		<del></del>				
	Designate Type of Completi	on - (X)		Plug Back   Same Resty. Diff. Resty.			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
į	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
		TUBING, CASING, AN	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volume of locid oi	l and must be equal to or exceed top allow-			
Ĩ	Date First New Cil Run To Tanks	Date of Test	epth or be for full 24 hours)  Producing Method (Flow, pump, gas l				
-	Length of Test	Tubing Pressure	Casing Pressure				
-	Actual Prod. During Test	Cil-Bbis.		Choke Size			
			Water - Bbis.	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
Ί. C	CERTIFICATE OF COMPLIANC	E	OII CONSERVA	TION COMMISSION			
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.			1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	ATION COMMISSION 4 1982			
-	to had and complete to the	oest of my knowledge and belief.	BY Jerry Serion				
				TITLE Dist L Suge			
_	Maria L. F. (Signat Senior Accounting Ass	eres istance	This form is to be filed in compliance with RULE 1104.  If this is a request for silowable 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.				
	. (Title			st be filled out completely for allow-			
_	January 25, 1982		Fill out only Sections ! II				

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.