	NO. OF COPIES RECEIVED		- .				
	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65					
	FILE /						
	U.S.G.S.	AUTHORIZATION TO TRA	AS JEV				
	TRANSPORTER OIL /			E			
	GAS 1900						
1.	OPERATOR PRORATION OFFICE		`· / ~ ~	3 9			
1.	Operator	SUN OIL CO DX	DIVISION	JO C. OFFIRM			
	Sunray DX Oil Company / OCTOBER 25, 1968			O'sia'			
	Address P. O. Box 1416 - R	Roswell, New Mexico 8820)1	ARTE			
	Reason(s) for filing (Check proper box,		Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion Change in Ownership X	Oil Dry Gas Casinghead Gas Conden		to allow			
	Change in Ownership 72	Casinghout das	Change chansp	eners and less			
	If change of ownership give name and address of previous owner		um Corporation - Room 40 Abilene	. Bacon Building			
II.	DESCRIPTION OF WELL AND Descri	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
	Donohue Federal	2 High Lone	Some State, Federal	or Fee Federal LC-068628			
Unit Letter K ; 2310 Feet From The South Line and 1650 Feet From The West							
	15	16		dy County			
	Line of Section Tov	ynship IO Range	- , MMFM, Du	.uy county			
II.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)						
	High Lonesome Pipe		P. O. Box 1416 - Roswell	New Mexico 88201			
	Name of Authorized Transporter of Cas		Address (Give address to which approv	ed copy of this form is to be sent)			
	No Market - Flared	Unit Sec. Twp. Ege.	Is gas actually connected? Whe	n			
	If well produces oil or liquids, give location of tanks.	K 15 16 29	is gas actually comported.				
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, 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			
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil o	and must be equal to or exceed top allow-			
	OHL WELL Date First New Oil Run To Tanks Date of Test						
	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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.		APPROVED JULO 1000, 19 BY				
	_		TITLE OIL AND GAR AND SO				
	Ralph I. Manage		This form is to be filed in compliance with RULE 1104.				
	Ralph L. Maness (Signature)		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				
	Acting District Engineer		All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	(Title)						
	July 5, 1968		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.				
	(Da	ite)	Separate Forms C-104 must	be filed for each pool in multiply			