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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SUN OIL COMPANY - DX DIVISION

NAME CHANGED TO:  
SUN OIL COMPANY

RECEIVED  
P. O. BOX 2580  
DALLAS, TEXAS 75201  
JUL 8 1968

I. OPERATOR

Operator: Sunray DX Oil Company  NAME CHANGED TO: SUN OIL CO. - DX DIVISION EFFECTIVE 4-1-70

Address: P. O. Box 1116 Roswell, N. M. ~~SUN OIL COMPANY - DX DIVISION~~ SUN OIL COMPANY - DX DIVISION  
OCTOBER 25, 1968 NAME CHANGED TO: SUN OIL COMPANY

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Other (Please explain): <u>Change Transporter Address</u>		

If change of ownership give name and address of previous owner: General Western Petroleum Corp. 40 Bacon Bldg. Abilene, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Atkins Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>High Lonesome</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC062996</u>
Location Unit Letter <u>H</u> ; <u>2310</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>E</u>				
Line of Section <u>17</u> Township <u>16</u> Range <u>29</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>High Lonesome Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1116 Roswell, N. M.</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>No Market - Flared</u>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>17</u>	Twp. <u>16S</u>	Rge. <u>29E</u>
Is gas actually connected?		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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
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

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.

Ralph L. Maness  
(Signature)

Acting District Engineer  
(Title)

7-5-68  
(Date)

OIL CONSERVATION COMMISSION

APPROVED W. A. Gressett, 1968

BY W. A. Gressett  
TITLE OIL AND GAS INSPECTOR

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.