	L. UP LUP LL LL LL				
	DISTRIBUTION		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL V	Ţ,	A	FEB 8 1982	
	OPERATOR			O. C. D.	
1.	PRORATION OFFICE		<u> </u>	ARTESIA, OFFICE	
	Sun Exploration & Production Co.v				
	Address				
	P. O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)				
	Vew Well Change in Transporter of: Name Change Only				
	Recompletion		From: Sun Oil C		
	Change in Ownership	Casinghead Gas Condens	sate		
	If change of ownership give name and address of previous owner		<u>,</u>		
11.	ESCRIPTION OF WELL AND LEASE ease Name Well No.; Pool Name, Including Formation Kind of Lease Lease No. 1				
	M. Dodd "B"	10 Grayburg Jacks	Company Designation		
	Location	10 drayburg oders			
	Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
	Line of Section 10 Tow	nship 17-S Range 2	29-E , NMPM, Eddy	County	
Ш.	DESIGNATION OF TRANSPORT	Condensate	S Address (Give address to which approve	ed copy of this form is to be sent)	
	Texas-New Mexico Pipe L	ine Company	P. O. Box 1510, Midlan Address (Give address to which approv		
	Name of Authorized Transporter of Cas				
	Phillips Pipe Line Comp	Unit Sec. Twp. Pge.	IST FLOOR Phillips Bld is gas actually connected? When	g. Annex, Bartlesville, ⁿ Ok. 74004	
	If well produces oil or liquids, give location of tanks.	A 15 17 29		0. 74004	
IV	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA				
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back ; Same Res'v. Diff. Res'v.	
	Designate Type of Comptetio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		Date compt. Heady to 1.0d.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	Perforations	<u> </u>	<u> </u>	Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
	OIL WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Teat Producing Method (Flow, pump, gas lift, etc.) Post-01-8-2				
				3-13 (p.	
	Length of Teat	Tubing Pressure	Casing Pressure	Chox. Size	
	Actual Prod. During Test	Cil-Bbia.	Water-Bols.	Gas-MCF	
	GAS WELL				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL 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.		MAR 1 0 1982		
			APPROVED		
			BYSUPERVISOR, DISTRICT II		
	Mana & Pine		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 cut completely for allow- able 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.		
	(Signature)				
	Senior Accounting Assistance				
	(Title) Januany 25 1092				
	January 25, 1982				
			Consists Forme C-104 must be filed for each pool in multiply		