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| TRANSPORTER | OIL | / |
| | GAS | / |
| OPERATOR | | / |
| PRODUCTION 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
Effective 1-1-65

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APR 26 1979

Sun Oil Company

O. C. C.
ARTESIA, OFFICE

Address
P. O. Box 1861, Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☒
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Conversion from injection to producing oil well

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|--|---|-------|
| Lease Name M. Dodd -A- | Well No. 13 | Pool Name, including Formation Grbg. Jackson Queen G-SA | Kind of Lease State, Federal or Fee Federal | Lease |
| Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 15 Township 17S Range 29E, NMPM, Eddy Co | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|------------|------------|------------|-----------------------------------|-----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) Box 52332 - Houston, TX 77052 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) Box 2130 - Hobbs, NM 88240 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. 15 | Twp. 17 | Rge. 29 | Is gas actually connected? Yes | When 3-13-79 |

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

| | | | | | | | | |
|--|--|-------------------------|----------------------|----------|--------|-----------|-------------|---------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'n. | Diff. I |
| X | | | | X | | | | |
| Date Spudded 1-25-56 | Date Compl. Ready to Prod. 3-13-79 | Total Depth 3294 | P.B.T.D. 3250 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3593DF | Name of Producing Formation Grbg-Jackson Queen G-SA | Top Oil/Gas Pay 2817 | Tubing Depth 3242 | | | | | |
| Perforations 2817-3294 | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12 1/2 | 8 5/8 | 457 | 350 | | | | | |
| 7 7/8 | 5 1/2 | 3224 | 250 | | | | | |

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 greater than allowable for this depth or be for full 24 hours)

| | | | |
|--|------------------------|---|--------------------|
| Date First New Oil Run To Tanks 3-13-79 | Date of Test 4-5-79 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 | Tubing Pressure - | Casing Pressure 30 | Choke Size None |
| Actual Prod. During Test | Oil-Bbls. 10 | Water-Bbls. 28 | Gas-MCF TSTM |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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.

OIL CONSERVATION COMMISSION

APR 30 1979

APPROVED

BY

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and re-completed wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Production Staff Associate

(Title)

4-25-79

(Date)

