international and the second s			
DISTRIBUTION		NSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and a
J.S.G.S. VV	AUTHORIZATION TO TRAN	AND NSPORT OIL AND NATURAL	
LAND OFFICE			
TRANSPORTER OIL	_	4	FEB 8 1982
OPERATOR ,	7	<b>F</b>	O. C. Ø.
PROBATION OFFICE			ARTESIA, OFFICE
Sun Exploration & Pro	duction Co.		
Address			
P. O. Box 1861, Midla	nd, Texas 79702		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Gas	Name Change On	ly
Change in Ownership	Casinghead Gas Condens	📇   From: Sun Oil	Company
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL'AND			
DESCRIPTION OF WELL AND	Well No.; Poor Name, Including Fo	rmation Kina of Lea	se Lease
M. Dodd "B"	16 Grayburg Jacks	ON QUEEN SA State, Feder	ral or Fee Federal 058771
Location		1000	<b>-</b> .
Unit Letter B ; 66	0 Feet From The North Line	and <u>1980</u> Feet From	The <u>East</u>
Line of Section ]5 Tov	viship 17-S Bange	29-Е , ММРМ,	Eddy Cour
41141			
DESIGNATION OF TRANSPORT	IER OF OIL AND NATURAL GA		oved copy of this form is to be sent.
Tours Man Mouri on Dine	Line-Gempany	P. U. DUX TOTU, MIUT	70700
Name of Authorized Transporter of Cas			roved copy of this form is to be sent)
Philips ripe Line Co.	Unit Sec. Twp. Pge.		Hen Ok 7400/
If well produces oil or liquids, give location of tanks.	i i i i i		
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			Dive Deer Centre Distant Dist
Designate Type of Completio	cn = (X)	New Well Workover Deepen	Plug Back - Same Restv. / Diff. 3
Date Spuided	Date Compl. Ready to Prod.	Total Depth	. P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Pertorations	1	l	Depth Casing Shoe
	······································	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	<u>l</u>
TEST DATA AND REQUEST F OIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load o upth or be for full 24 hours)	il and must be equal to or exceed top $\sqrt{\sqrt{3}}$
Date First New Oil Run To Tanks	Date of Test	Producing Meined (Flow, pump, gas	lift, etc.) Rosted 19.87
4			
		Carlon Decentra	2
Longta of Tost	Tubing Pressure	Casing Pressure	Chere Size
Longin of Toot Actual Prod. During Toot	Tubing Pressure Cil-Bbls.	Casing Pressure Water-Bbls.	Chexe Size Man
			Main
Actual Prod. During Test			Main
			Main
Actual Prod. During Test	Cil+351s.	Water-Bbls. Bbls. Condensate/MMCF	Gas+MCF
Actual Prod. During Test	Cil+351s.	Water - Bbls.	Gas + MCF
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pilol, cack pr.)	Cil-Bbls. Length of Test Tubing Pressure (Shut-in )	Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gas-MCF Gas-MCF Gravity of Condensate Choke Size
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Cil-Bbls. Length of Test Tubing Pressure (Shut-in )	Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSER	Gas-MCF Gas-MCF Gravity of Condensate Choke Size VATION COMMISSION
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	-	N. M. C. C. C. C.		
Form 9-331 • May 1962 -	DEPART	UNITED STATES MENT OF THE INTERI	SUBMIT IN TRIPLICATE (Other Instructions on r verse side)	5. LEASE DESIGNATION AND SERIAL N
	UNDRY NOT	CES AND REPORTS C als to drill or to teopen or plug h TION FOIL PERMIT for each pr		LC 028731 (b) 6. IF INDIAN, ALLOTTEE OR TRIBE NA
I. OR. GAS WELL WE	; ( <sup></sup> )		-	7. UNIT AGREEMENT NAME
2 5 ME OF OPERATE Sun Oil Co	mpany		JUN 3 0 1976	8. FARM OR LEASE NAME M. Dodd "B" 9. Well NO.
P. O. Box	1861, Midlar	id, Texas 79701	State requirements.*	16 10. FIELD AND FOOL, OR WILDCAT
A surface 660/N 19801 FEL	1980/E	of Sec. 15		Grayburg Jackson 11. SEC., T., R., M., OF BLK. AND SURVEY OF AREA Sec. 15, T17S, R29E
)4. ferm <b>t</b> i 86.		15. ELEVATIONS (Show whether DF, GR. 35871	, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE Eddy N.M.
ана <u>на население на население</u> соб	Check Ar	propriate Box To Indicate N	ature of Notice, Report, or	Other Data
	NOTICE OF INTEN			EQUENT REPORT OF:
TEST WATER SH FRACTURE TREAT SHOCT OR AUDD	r	PELL OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Shut-in or	REPAIRING WELL ALTERING CASING ABANDONMENT* TA Well Status X
REQUEST FOR	Th on contribution off- if well is directed ark.)*	unally drilled, give subsurface locat	(NOTE: Report result Completion or Recon t details, and give pertinent data tions and measured and true vert EQUEST FOR TEMPORAR	
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