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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes OIA C-104 and C  
Effective 1-1-65

APR 29 1977

Operator  
Sun Oil Company  
O. C. C.  
ARTESIA, OFFICE

Address  
P. O. Box 1861 - Midland, Texas 79702

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	Change in well status - from TA
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	Injection well to producing oil well
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
		Dry Gas <input type="checkbox"/>	
		Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
M. Dodd -A-	11	Grayburg Jackson SR. Q G SA	State, Federal or Fee Fee LC-028731
Location			
Unit Letter	I	1650 Feet From The South Line and 330 Feet From The East	
Line of Section	22	Township 17S Range 29E	NMPM, Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Texas - New Mexico Pipe Line Co.	Box 52332 - Houston, Tx. 77052		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Co.	4th at Washington - Odessa, Tx. 79760		
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 22	Twp. 17
			Pge. 29
			Is gas actually connected? Yes
			When 3-10-77

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>
			Workover <input checked="" type="checkbox"/>
			Deepen <input type="checkbox"/>
			Plug Back <input type="checkbox"/>
			Same Res't. <input checked="" type="checkbox"/>
			Diff. R <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		3290	3225
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	SA	3190	
Perforations	3190-3210		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8 7/8"	393	200
	5 1/2"	3242	250

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 of hole 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.)	
2-8-56	3-16-77	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	35	35	2"
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
	10	104	1

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Carson Muntzel  
(Signature)  
Carson Muntzel - Office Assistant  
(Title)  
4-28-77  
(Date)

OIL CONSERVATION COMMISSION

MAY 2 1977

APPROVED

BY W. A. Gussitt

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 devt 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 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.