\$ } .				
Ì	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11
,	J.S.G.S.		AND	RECEIVED -65
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS	5
	TRANSPORTER GAS V			FEB 8 1982
	OPERATOR V			0.6.5
1.	PROBATION OFFICE			O. C. D.
:	Sun Exploration & Production Co. Y			
	P. O. Box 1861, Midland, Texas 79702			
	Reason(s) for tiling (Check proper box) Other (Please explain) New Well Change in Transporter of:			
	Recompletion OII Dry Gas Name Change Only			
	Change in Cwnership	Castrighead Gas Conden	─────────────────────────────────────	mpany
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE. Well No.: Pape Name, Including Fo	ormation Kind of Lease	Lease NG.
	M. Bodd "B"	34 Grayburg Jacks	son Queen SA State, Federal or	j =
	Unit Letter 0 : 66	O Feet From The South Lin	e and 1980 Feet From The	East
	Line of Section 14 Tov	viship 17-S Range	29-E , NMPM, Eddy	County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approved	copy of this form is to be sent)
			P. O. Box 1510, Midland, Address (Give address to which approved	
	Phillips Pipe Line Com	pany	lst Floor Phillips Bldg.	Annex, Bartlesville.
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When	
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
	Designate Type of Completion	on - (X) Gas Well Gas Well	New Well Workover Deepen F	Plug Back - Same Restr. Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 5	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Fubling Depth
	Perforations Depth Casing Shoe			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	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. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able 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,	esc.) Posted FD 2 3-12 NA.
	Length of Test	Tubing Pressure	Casing Prasaws	Cheke Size
	Actual Frod. During Test	Cii-Bbis.	Water - Bbla.	Gas - MCF
	CAG WEST	<u> </u>		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Tubing Pressure (Shub-in)		
	Testing Method (pitot, back pr.)		•	Choke Size
VI.	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		OIL CONSERVAT	982
			APPROVED	, 19
	above is true and complete to the	best of my knowledge and belief.	BY W.C. Lieux	
			TITLE SUPERVISOR, DISTRICT II	

Senior Accounting Assistance

January 25, 1982

(Title)

(Date)

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 MULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

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.

Secreta Forms C-104 must be fitted for each cool in multiply.

