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LAND OFFICE	
TRANSPORTER	OIL
	GAS
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
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Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**RECEIVED**

JAN 2 1969

JAN 7 1969

O. C. C.

ARTESIA, OFFICE

O. C. C.  
ARTESIA, OFFICE

Sum Oil Company - DX Division

Operator

Address

P. O. Box 1416 - Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" 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	Lease No.
South Hope Unit	2	South Hope Strawn Gas	State, Federal or Fee State	E-7866
Location				
Unit Letter	A	660 Feet From The	North Line and	810 Feet From The
Line of Section	36	Township	18-S	Range
			21-E	, NMPM, Eddy County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None				
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipeline Company of America				P. O. Box 638 - Lovington, New Mexico 88260
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? When
				Yes December 27, 1968

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-4-63	8-20-63	7445	7412					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4132 D.F.	Strawn - Pennsylvanian	7277	7250					
Perforations			Depth Casing Shoe					
7277-7297 (2 Holes/ft)			7445					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8", 48#, H-40	120	225 sxs (Circ.)
11	8-5/8", 24#, J-55	1792	1400 sxs
7-7/8	4-1/2, 9.5#, 10.5#, 11.6#, J-55	7445	150 sxs (TOC 6375)
-	2-3/8", 4.7#, J-55	Model D pkr. @ 7250'	

**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 allowable 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
555	24 Hrs.	Trace	56.2
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	2150	150	1/4"

**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.

*F. D. Lebo*

F. D. Lebo

District Engineer

December 31, 1968

**OIL CONSERVATION COMMISSION**

APPROVED

JAN 24 1969

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BY

*W. A. Grossett*

TITLE

OIL AND GAS INSPECTOR

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 out completely for allowable 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.