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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	AUTHORIZATION TO TRANSPORT DIL AND NATURAL GAS			
	LAND OFFICE	FEB 1 9 1974 (S1)		
	TRANSPORTER   OIL   /     GAS			
	OPERATOR			
1.	Operator		RTESIA, OFFICE	
	Sun Oil Company V			
	Address			
	P. O. Box 1861, Midland, Texas 79701  Reason(s) for filing (Check proper box)  Other (Please explain)			
	New Well	Change in Transporter of:		Lease sold to Sun Ull
	Recompletion Oil Dry Gas Company effective 7-1-73. Ralph Nix Jerry Curtis former operators.			
	Change in Ownership X Casinghead Gas Condensate Casinghead Gas Condensate			
	If change of ownership give name and address of previous owner	Ralph Nix & Jerry Curt	tis, Box 617, Artes	ia, N. M. 88210
11.	DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Lease No.			
		1 Millman (Q.G)	844	Federal or Fee State E-4397
	R. B. State		L'AS C	Dodde   12 435
	Unit Letter / J ; 165	50 Feet From The South Line	e and <u>2310</u> Fee	t From The East
	Line of Section 12 Tow	vnship 198 Range	8E , NMPM,	Fddy County
III.		TER OF OIL AND NATURAL GA	s	
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
į	Navajo Refining Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas X		N. Freeman Ave. Artesia. N.M. 88210 Address (Give address to which approved copy of this form is to be sent)	
	Phillips Petroleum Company		Frank Phillips Bldg., Bartlesville, Oklahoma	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	give location of tanks.	J 12 198 28E	Yes	July, 1960
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order numb	er:
- , ,	Designate Type of Completic	on - (X)	New Well Workover Des	pen Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing 1 officiation	100 011/045 14/	
	Perforations 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 able for this depth or be for full 24 hours)			
	Oll WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pum)	o, gas lift, etc.)
	Date I list New Oil You 10 1 dives	24.0 67 1625	, , , , , , , , , , , , , , , , , , , ,	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	Actual Flou. During 100.	0 55.6.		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	. CERTIFICATE OF COMPLIANCE		OHE CONSERVATION COMMISSION	
			19	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED /1) // Susset	
	above is true and complete to the best of my knowledge and belief.		OIL AND GAS INSPECTOR	
			TITLE	
			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	
	Charles Stay (Signature)			
	(Signature)  tests taken on the well in accordance with RULE 111.  Proration Clerk  All sections of this form must be filled out completely for all.			n accordance with RULE 111.
	Proration Clerk		All sections of this	told wast he titted out combines to silon.

(Title)

(Date)

2-14-74

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.

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