FIL U.S LA TR	DIGRABUTION NTA FE // .E // .G.S. ND OFFICE ANSPORTER OIL // GAS // ERATOR	- REQUEST	CONSERVATION CONSIGN FOR ALLOWABLE AND CANSPORT OIL AND NATURAL	Form C-104 Supersedes Oid C-104 and C-11 Effective 1-1-55 - GAS
A PRO	PRORATION OFFICE			iun <u>4 1979</u>
Addr	Sun Oil Company			
Reas	P. O. Box 1861, Midland, TX 79702 Reason(s) for filing (Check proper box)		ARTESIA, OFFICE	
New Reco Chan	Well perpletion hgp in Ownership X	Change in Transporter of: Oti Dry G	Other (Please explain) Initial filing Lease name and	on newly established unit. well number change.
lf cha and a	ange of ownership give name ddress of previous owner	Formerly Yates' Ell	iott Parcell #4	
H. DES	CRIPTION OF WELL AND	LEASE	increation in the second se	
East	<u>Millman Pool Ut Tr</u>			Teo- Lands in it
	ait LetterA;66	0Feet From TheNorth_LL	ne and _990 Feet From	a The East
LI	ine of Section 13 To	wnähip 195 Range	<u>28E, NMPM</u> , Edu	
III. DESI	GNATION OF TRANSPOR	TER OF OIL AND NATURAL G	45	
Navi	• of Authorized Transporter of Of ajo Refining Co. P	peline Div	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210	
Nam s Phi	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Co.		Address (Give address to which approved copy of this form is to be sent) Drawer P, Artesia, NM 88210	
	ll produces oil or liquids, location of tanks.	G 13 195 28E	······································	hen
If this IV. COM	production is commingled wi PLETION DATA	th that from any other lease or pool,	give commingling order number:	
	esignate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date	Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Eleve	tions (DF, RKB, RT, GR, etc.)	Nome of Producing Formation	Top Oll/Cas Pay	Tubing Depth
Parta	Partgrations]	Depth Casing Shoe
	TUBING, CASING, AND		CEMENTING RECORD	<u>}</u>
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·		
N TEST				
<u>011. I</u>	T DATA AND REQUEST FOR ALLOWABLE (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) WELL Date of Test Print: New Oil Run To Tanks Date of Test			
	h of Test			
		Tubing Pressure	Casing Pressure	Choke Size
	1 Prod. During Test	Oil-Bbis.	Water-Bbl s.	Gas - MCF
GAS	WELL			······································
Actua	l Prod, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tostir	ng Mathod (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERT	TIFICATE OF COMPLIANC	E		TION COMMISSION
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. (Signature) Production Staff Associate (Title) 4/179 (Date)			JUN 5 1979 APPROVED BY SUPERVISOR, DISTRICT II 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 tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able 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 filled for each cool in multiply	

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CIL CONJERVATION COMM.