

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator SUN OIL COMPANY (DELETED)	
Address P. O. Box 30, Room 3017; Dallas, TX 75221	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Charolette McKay Federal	Well No. 1	Pool Name, including Formation Atoka	Kind of Lease State, Federal or Fee Federal	Lease No. NM-34647
Location Unit Letter <u>H</u> : 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>20S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> 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)
N/A; Dry	
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)
Transwestern Pipe Line Company	P.O. Box 2521; Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? <u>Yes</u> When <u>11-5-80</u>

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

## 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 12-13-79	Date Compl. Ready to Prod. 02-27-80	Total Depth 9690'	P.B.T.D. 9646'					
Elevations (DF, RKB, RT, GR, etc.) 3576 GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 8884'	Tubing Depth 8840'					
Perforations 8884-8994'	Depth Casing Shoe 9690'							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
27"	20"	35'	3 yds. Redimix
17-1/2"	13-3/8"	355'	520 sacks
12-1/4"	8-5/8"	2000'	980 sacks
7-7/8"	5-1/2"	9690'	650 sacks

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 95	Length of Test 10	Bbls. Condensate/MCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) 4-Point BP	Tubing Pressure (Shut-in) 2452	Casing Pressure (Shut-in) Sealed	Choke Size Adj. 16/64"

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.

D. R. Autry (Signature)  
Professional Operations Engineer  
(Title)

July 21, 1980

(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 12 1980, 19  
BY W. A. Gressett  
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 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 filed for each pool in multiply  
completed wells.

