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DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE /-	-	AND	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (MSELEIVED
OIL /	1		
TRANSPORTER GAS	1		Million of the size
OPERATOR 2			
PRORATION OFFICE			9 - 9
Operator	/		and the state of the state of
SUN OIL COMPANY			
Address			
P. O. Box 2792 Oc	lessa, Texas 79760		
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry G	as U	
Change in Ownership	Casinghead Gas Conde	ensate	
If the read a supposable give some			
If change of ownership give name and address of previous owner			
	A- 1	(10 0)	
. DESCRIPTION OF WELL AND		Formation Kind of Leas	e I No
Lease Name		State, Federa	Econo Maria
Guy A. Reed Location	1 Malaga (Casa)) Ld, 1-3/15 State, redeta	l or Fee Fee -
Designate Type of Completion Date Spudded	or Condensate ton singhead Gas X or Dry Gas Unit Sec. Twp. Rge. E 24 248 28E th that from any other lease or pool, on -(X) X Date Compl. Ready to Prod.	Address (Give address to which appro Box 3119 Midland, Te Address (Give address to which appro Is gas actually connected? Wh No give commingling order number: New Well Workover Deepen X Total Depth	xas wed copy of this form is to be sent)
10-6-66	10-28-66	2700	•
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
DF 2955,KB 2956,GR 2948	01 ds (D.V.)	2668	2679
Open hole 2645-2700			Depth Casing Shoe 2613
		ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
121	8=5/8	340	200
7-7/8	5-1/2	2645	125
4-7/8	2-3/8	2679	<u> </u>
7. TEST DATA AND REQUEST F		after recovery of total volume of load oil lepth or be for full 24 hours)	and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
10-28-66	10 →29 – 66	Pump 12" x 36 SPM - 2"	х 1½" х 12' Ритр
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	-	•	-
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
42.60	30.78	11.82	64.05
72,00			

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Prod. Test-MCF/D

GAS WELL

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.

Length of Test

Tubing Pressure (Shut-in)

TD Marwell	
(Signature)	

Petroleum Engineer

(Title) October 31, 1966

(Date)

OIL CONSERVATION COMMISSION

Gravity of Condensate

_, 19 _

Choke Size

APPROVED	MAA T	1300
V Wa	Gress	rett
3Y	Le Carre	LEV

TITLE GE AND GAS INSPECTOR

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

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.