

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	1

I. Operator
E. L. Fundingsland
Address
2004 Security Life Building, Denver, Colorado 80202
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒ **EFFECTIVE MARCH 1, 1967**

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sunical Federal	Well No. 1	Pool Name, Including Formation Basin Dakota Gas	Kind of Lease State, Federal or Fee Federal	Lease No.
Location fn Unit Letter D ; Feet From The 980 Line and 1145 Feet From The Line of Section 19 Township 26N Range 7W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> THE PERMIAN CORPORATION Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 3119, MIDLAND, TEXAS 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 2004 Security Life Building Denver, Colo	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 19
	Twp. 26N	Rge. 7W
	Is gas actually connected? YES	When 12/13/63

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/15/62	Date Compl. Ready to Prod. 1/9/63		Total Depth 7100		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6619 GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 6850		Tubing Depth 7010			
Perforations 6852-58; 6896-6902; 6913-18; 6924-30					Depth Casing Shoe 7075			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	85/8		208		125			
	4 1/2		7095		200			
	2 3/8		7010					

V. 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
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

ORIGINAL SIGNED BY
E. L. FUNDINGSLAND, JR.

(Signature)

Exploration Manager

(Title)

2/28/67

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 21 1967**, 19 _____

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #1**

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.