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

Form O-100
 Supersedes Old O-100 and
 Effective 1-1-65

Operator
 Sun Oil Company - Oklahoma City District
 Address
 2525 NW Expressway, Oklahoma City, OK 73112

Kind of Lease
 Change in Transporter of:
 Oil Dry Gas Condensate
 Change in Formation Other (Please explain)
 Change of address - formerly operated by Sun Oil Company, Box 1961, Midland, TX 79702 - Effective date 6-1-78

If change of ownership give name and address of previous owner: See Above

DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico Federal #</u>	Well No. <u>5</u>	Producing Formation <u>Basin Dakota Gas</u>	Kind of Lease State, Federal or Dec. <u>Federal</u>	Lease No. <u>3-14210</u>
Location Well Letter <u>N</u>	Feet From The <u>1190</u>	Side <u>South</u>	Line or Twp. <u>1190</u>	Feet From The <u>West</u>
Line of Section <u>7</u>	Township <u>30-N</u>	Range <u>12-W</u>	County <u>Blanco, San Juan</u>	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 108, Farmington, New Mexico</u>
Name of Authorized Transporter of Gas, Wet Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Southern Union Gathering Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Fidelity Union Tower, Dallas, TX 75201</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>7</u> Twp. <u>30N</u> Rge. <u>12W</u>	Is gas actually connected? <u>Yes</u> When <u>8-1-63</u>

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

COMPLETION DATA

Designate Type of Completion - (X) <u>Oil Well</u> <input type="checkbox"/> <u>Gas Well</u> <input checked="" type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Revis. <input type="checkbox"/>
Date completed	Date Comp. Ready to Prod.
Elevations (DF, RRB, RT, GR, etc.)	Name of Producing Formation
Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOUL SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Pilot, pump, gas lift, etc.)
Length of Test	Flowing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Ratio	Water-Ratio
		Choke Size
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Wt. Condensate/MCF	Gravity of Condensate
Testing Method (Pilot, Cuck, etc.)	Flowing Pressure (lbwt-in)	Casing Pressure (lbwt-in)	Choke Size

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.

Ben Harry
 (Signature) Ben Harry
 Dist. Supv./Pror. & Cons.
 (Title)
 3-29-78
 (Date)

OIL CONSERVATION COMMISSION

APPROVED: _____, 19____

BY Original Signed by A. R. Hendrick
 SUPERVISOR DIST. #4

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the core tests taken on the well in accordance with RULE 111.
 All copies of this form must be filled out completely for all of the new and re-completed wells.
 Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of well.