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TRANSPORTER	OIL	
	GAS	
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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

Operator Sun Oil Company	
Address 2525 N.W. Expressway, Oklahoma City, OK 73112	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name New Mexico Federal N	Well No. 3E	Pool Name, including Formation Basin Dakota Gas	Kind of Lease State, Federal or Fee Federal
			Lease No. NM047
Location			
Unit Letter D ; 1000 Feet From The North Line and 1120 Feet From The West			
Line of Section 18 Township 30N Range 12W , NMPM, San Juan County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.		4775 Indian School Rd., N.E., Albuquerque, NM	
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)	
Southern Union		Fidelity Union Tower, Dallas, Texas 75201	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 18	Twp. 30N
		Rge. 12W	Is gas actually connected? NO
			When

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 8/3/80	Date Compl. Ready to Prod. 10/29/80
Elevations (DF, RKB, RT, GR, etc.) 5956 GL	Name of Producing Formation Basin Dakota
Perforations 7576-7757	Total Depth 6850
	Top Oil/Gas Pay 6570
	Tubing Depth 6674
	Depth Casing Shoe 6948
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2
	DEPTH SET 364 6948
	SACKS CEMENT 250 Sacks 950 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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Oil-Bbls.
	Water-Bbls.
	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D 756 MCF/D	Length of Test 24 hours
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 100#
	Bbls. Condensate/MMCF 5 barrels
	Casing Pressure (Shut-in) 475#
	Gravity of Condensate 43.2
	Choke Size 64

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.

Jeannie Owens
District Supervisor - Pro Ratio
November 12, 1980

OIL CONSERVATION COMMISSION

APPROVED NOV 13 1980, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #4

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.

