

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
SUN OIL COMPANY

Address
P. O. Box 2792, Odessa, Texas 79760

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recession Oil Dry Gas
 Change in Ownership Gasinthead Gas Condensate

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

II. NAME OF WELL, OIL AND LEASE

Well Name	Well No.	Pool Name, including Permian	Kind of Lease	State	Lease No.
New Mexico "M" State Oil	1	Inbe Permo Penn.	State, Federal or Fee	L-196 &	A-2519
Location	Com.	Unit Letter	L	760	Feet From The North Line and 660 Feet From The West
Range	11 S	Range	34 E	NMPM	Lea County

III. NAME OF OPERATOR, KIND OF OIL AND NATURAL GAS

Name of Operator of Well or Condensate
 Service Line Line Co., or
 American Petr. Corp. (Trucks)
 Name of Authorized Transporter of Gasinthead Gas or Dry Gas

Address (Give address to which approved copy of this form is to be sent)
3411 Knoxville Ave., Lubbock, Texas 79413
P. O. Box 3120 - Midland, Texas 79701
 Address (Give address to which approved copy of this form is to be sent)

Warren Petroleum Corp.

It will produce oil or liquids, by location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	4	11 S	34 E	yes	11-1-68

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)	On Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date spudded	Date Comp. Ready to Prod.		Total Depth		R.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Explorations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

RW Hughes

 (Signature)

 (Title)

 (Date)
 OCT 14, 1968

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY *Joe V. Honey*
 TITLE _____

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 to be considered complete.
 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.