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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 D  
**REC'D**  
APR 20 1970  
O. C. B.  
ARTESIA, OFFICE

**I. Operator**  
Sun Oil Company ✓  
Address  
P. O. Box 2880 Dallas, Texas 75201  
Reason(s) for filing (Check proper box)  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate  from belly

If change of ownership give name and address of previous owner  
Sun Oil Company - DX Division P. O. Box 1416 Roswell, New Mexico

**II. DESCRIPTION OF WELL AND LEASE**  
Lease Name Foster Eddy Well No. 2 Pool Name, including Formation Grayburg - Jackson Kind of Lease State, Federal or Fee Federal Lease No.  
Location  
Unit Letter J : 1980 Feet From The S Line and 1980 Feet From The E 1000  
Line of Section 17 Township 17S Range 31E, NMPM, Eddy County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil  or Condensate   
Texas - New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 428 Artesia, New Mexico 79701  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Continental Oil Company Address (Give address to which approved copy of this form is to be sent)  
Box 2197 Houston Texas 77001  
If well produces oil or liquids, give location of tanks. Unit J Sec. 17 Twp. 17S Rge. 31E Is gas actually connected? Yes When ?

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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.

J. R. Hille  
(Signature)  
Engineer  
(Title)  
April 1, 1970  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED APR 21 1970, 19\_\_\_\_  
BY W. A. Gressett  
TITLE OIL AND GAS INSPECTOR

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.