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| LAND OFFICE | |
| TRANSPORTER | OIL 1 GAS |
| OPERATOR | 5 |
| PRORATION OFFICE | |

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

HOBBBS OFFICE O. C. C.
 Nov 17 3 17 PM '66

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

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NOV 21 1966

| | | |
|---|---|-------------------|
| Operator | Sunset International Petroleum Corporation | O. C. C. |
| Address | 201 Wall Building, Suite 308, Midland, Texas | ARTERIA, OFFICE |
| Reason(s) for filing (Check proper box) | Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: | Effective 11-1-66 |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name and address of previous owner: Wolfson Oil Company, 3206 Republic Nat'l. Bank Tower, Dallas, Texas

| | | | |
|-------------------------------|----------|--------------------------------|---------------------------------------|
| DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease |
| Elliott Federal | 3 | Benson, Queen Grayburg North | State, Federal or Fee Federal |
| Location | | | |
| Unit Letter | P | 660 Feet From The | South Line and 660 Feet From The East |
| Line of Section | 29 | Township 18S | Range 30E, NMPM, Eddy 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) | | | | | |
| The Permian Corporation | P. O. Box 3119, Midland, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Gas pipe line not available. Very small volume of produced gas is vented. | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | 8E | 29 | 18S | 30E | No | |

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

| | | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|--------------|----------|----------|----------|----------|-------------------|-----------|
| COMPLETION DATA | | | | | | | | | |
| Designate Type of Completion - (X) | | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back |
| Pool | 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 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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|--|-----------------|---|------------|
| 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 | Casing Pressure | 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.

Jim Graham
 (Signature)
 Production Clerk
 (Title)
 November 15, 1966
 (Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 21 1966, 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.