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1	DISTRIBUTION		INSERVATION COMMISSION	Form C-104	
i	TILE	REGUEST	FOR ALLOWABLE	Supersedes Did, E. 104 and C-11 Ellec RECEIXED	
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	TRANSPORTER OIL			FEB 8 1982	
1.	GAS V OPERATOR V PROBATION OFFICE		O. C. D. ARTESIA, OFFICE		
	Sun Exploration & Production Co.				
	P. O. Box 1861, Midland, Texas 79702				
	eason(s) for filing (Check proper box) Other (Please explain)				
	ew Well Change in Transporter of: ecompletion Oil Dry Gas Name Change Only				
	Change in Ownership	ange in Ownership Casinghead Gas Condensate From: Sun Oil Company			
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE				1994	
Lease Name Well No. Pool Name, Including Formation Kind of Lease					
	East Millman Pool Ut. Tr6 3 Millman Queen Grayburg East State, Federal or Fee Federal LC6				
	Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East				
	Line of Section 13 Tow	mship 19-S Range	28-E , NMPM, Eddy	/ County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of Cil Navajo Refining Compan		Address (Give address to which approv North Freeman Aye., Arte	, , , ,	
	Name of Authorized Transporter of Cas	inghead Gas 🖉 or Dry Gas 🗔	Address (Give address to which approv	ed copy of this form is to be sent;	
	Phillips Pipe Line Com	Dany Unit Sec. Twp. Ege.	Is gas actually connected?	Annex, Bartlesville,	
	give location of tanks. B 13 19 128 Julie				
IV.	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA				
	Designate Type of Completio	n – (X) Gas 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			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of low				nd must be equal to or exceed top allow-	
	OIL WELL Date First New Cil Bun To Tanks	able for this de	psh or be for full 24 hours) Producing Method (Flow, pump, gas life	r, esc. 1 Pocted # 0-3	
		Tubing Pressure	Casing Pressure	Choke Siza	
	Length of Test	. (-111) (-1830 B.B.	Cratif Liessing		
	Actual Prod. During Test	Cil-Bbls.	Water - Spis.	Gas-MCF	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1 <u> </u>		
	GAS WELL Actual Prod. Test-MCF/D	Length of Tust	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Preasure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			1 11		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION	
	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 beat of my knowledge and belief.		APPROVED, 19		
			BY		
			TITLE SUPERVISOR, DISTRICT II		
	Mana Frese		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	(Signature) Senior Accounting Assistance (Title) January 25, 1982 (Date)		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 allow- able 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.		
			II Canazata Forme C-104 minet	he filed for each need in multiply	