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DISTRIBUTION						
SANTA FE						
FILE	ĺ					
U.S.G.S.						
LAND OFFICE						
TRANSPORTER	0	I L				
	G	AS				
OPERATOR					_	
PRORATION OF	ıc	E	<u>L</u>			
Operator						

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65				
	FILE		AND	1.5				
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	A3				
	LAND OFFICE OIL		•	•				
	TRANSPORTER GAS							
	OPERATOR							
	PRORATION OFFICE	•	•					
1.	Operator							
	SUN OIL COMPANY Address							
	P. O. Box 1861, Midland, Texas 79701 Percos(s) for bling (Check proper box) Other (Please explain)							
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Plug back to n	ew zone				
	Recompletion	Oil Dry Gas		·				
	Change in Ownership	Casinghead Gas Condens	sate					
			AND IN THE POOR					
	If change of ownership give name and address of previous owner	THIS WELL HAS BEEN PI DESIGNATED BELOW. IF	VOLUME NOT CONCUR					
	and address of previous owner.	DESIGNATED BELOW: IT	11/1/1/					
11.	DESCRIPTION OF WELL AND I	EASE		Lease No.				
	Lease Name	Well No. Pool Name, Including Fo	State Federa	lor Fee Fee				
	R. G. Mills	1 Allison Abo	State, 1 days					
	Location	o Wost	1980.6	South				
	Unit Letter L; 99	O Feet From The West Line	e and Feet From	The				
	Line of Section]] Tow	nship 9S Range 36	SE , NMPM, LE	ed County				
	Line of Section 11 100							
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S					
	Name of Authorized Transporter of Oll	XX or Condensate	Address (Give address to which appro					
	Mobil Pipe Line Company		Box 900, Dallas, Texas Address (Give address to which appro	5 / JULI				
	Name of Authorized Transporter of Cas.	nghead Gas or Dry Gas						
	Warren Petroleum Corpor	ation	Box 1589, Tulsa, Oklal					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		pril 1, 1968				
	give location of tanks.	L 11 9S 36E		,				
	If this production is commingled with	n that from any other lease or pool,	give commingling order number:					
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. D								
	Designate Type of Completio	n - (X)	; 1 ; 1	xx				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
		3-1-72	9769	9104				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 8050				
		Allison Abo	8985	Depth Casing Shoe				
	Perforations							
8992-9002 TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	FIOLE SIZE							
				<u> </u>				
			<u> </u>					
V	TEST DATA AND REQUEST FO	R ALLOWABLE (Test must be a	fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow				
	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas I	ift, etc.)				
	1	3-7-72	Pump					
	3-3-72 Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	24 hours	-	_	•				
	XXXXXXXXXXXXXXXX	Oil-Bbls.	Water-Bbls.	Gas-MCF 27.4				
	Grav. 0il 36.8°	36.0	92	27.4				
			·					
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. Test-MCF/D	Langth of 1 at						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	Testing Method (http://ogew.bit)							
• • •	CED WILLIAMS OF COMMITTEE	T.F.	OIL CONSERV	ATION COMMISSION				
VI	CERTIFICATE OF COMPLIAN	ب يو		34AD 0 1072				
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.				A STATE OF THE STA				
			I am VANIA XXXX					
	above is true and complete to the	Dest of my knowledge and perion	THE TOTAL PROPERTY OF	SUPERVISOR DISTRICT I				
			II / SHAFKAIDA	M DIDINIAL I				
			111/48					
	(Frank of Mrs	Charles Gray	This form is to be filed in	compliance with RILE 1104. wable for a newly drilled or despense anied by a tabulation of the deviction				

(Signogare) Proration Clerk

(Title)

3-8-72 (Date) tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow spie 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 multipl