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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

I. **Superior**
Sunset International Petroleum Corporation
Address
201 Wall Bldg. Suite 306 - Midland, Texas
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in ownership of ☐
Recompletion ☐ Well ☒ Day Well ☐
Change in Ownership ☐ Distribution ☐ Don't know ☐

If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**
Lease Name **North Bagley-Pennsylvania** Well No. **R-2585** Kind of Lease **State**
T. P. "A" State **2 No. Bagley Lower Penn** State, Federal or Fee **State**
Location
Well Letter **0** **1980** East **810** Feet From The **South**
Line of Section **10** Township **11S** Range **33E** **10404** **104** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Service Pipe Line Company Address (Give address to which approved copy of this form is to be sent)
3411 Knoxville Ave., Lubbock, Texas
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐
Warren Petroleum Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1589 Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks. Unit **J** Sec. **10** Twp. **11S** Range **33E** Is unit actually connected? **Yes** When **2-2-67**

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)
Date Spudded Date Compl. Ready to Flow
Pool Name of Producing Formation Top of 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 Ran To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test During Pressure During Pressure Choke Size
Actual Prod. During Test Oil+MCF Water+MCF Gas+MCF

GAS WELL
Actual Prod. Test-MCF Length of Test Tests Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) During Pressure During Pressure Choke Size

VI. **CERTIFICATE OF COMPLIANCE** OIL CONSERVATION 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 best of my knowledge and belief.
APPROVED _____, 19____
BY _____
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 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.
Separate Forms C-104 must be filed for each pool in multiply