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NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUESTS FOR ALLOWABLE O. C. C. Effective 1-1-65 RANSPORT OIL AND I AUTHORIZATION TOT AND NATURAL GAS EFFECTIVE 4-1-70 PRORATION OFFICE SHNRAY DX OIL CO. SUN OIL COMPANY - DX DIVISION Operator NAME CHANGED TO: NAME CHARGED TO Sunray DX 011 Company N OIL CO. - DX DIVISION SUN OIL COMPANY Address OCTOBER 25, 1968 Roswell, New Mexico Other (Please explain) Lef. 15221 P. O. Box 1416 Reason(s) for filing (Check proper box) 88201 X New Well Change in Transporter of: Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE
Well No. | Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee OG-5845 State Simanola Penn New Mexico Broseco State West 660 Feet From The North Line and 1980 Feet From The Unit Letter County , NMPM, 21 Township 10-S Range 34-E Lea Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Amoco Pipeline Col 3411 Knoxville Ave. - Lubbock, Texas
Address (Give address to which approved copy of this form is to be sent) Service Pipe Line Company

Name of Authorized Transporter of Casinghead Gas Y or Dry Gas O. Box 1589 - Tulsa, Oklahoma Warren Petroleum Corporation Rge. If well produces oil or liquids, give location of tanks. 5-16-68 Yes 21 10-S 34-E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. Gas Well New Well Oil Well Workover Deepen Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE . 19 APPROV 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. TITILE This form is to be filed in compliance with RULE 1104.

John Meetings John Hestings
(Signature)
District Engineer
May 24, 1968 (Date)

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.