

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

TOP 11 40 AM '68

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

EFFECTIVE 4-1-70
SUN OIL COMPANY-DK DIVISION

SUNRAY DX OIL CO.
 NAME CHANGED TO:
SUN OIL CO. - DX DIVISION
 OCTOBER 25, 1968

NAME CHANGED TO
SUN OIL COMPANY

Operator Sunray DX Oil Company	Address P. O. Box 1416 Roswell, New Mexico 88201	Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) Due to difference in ownership of the #1 and #2 wells we are also requesting a name change from New Mexico "AW" State #2 to N. M. "AWA" State #1
--	--	---	---	---	--

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE (Simanola Penn. Ext.)

Lease Name New Mexico "AWA" State	Well No. 1	Pool Name, including Formation Undesignated	Kind of Lease State, Federal or Fee State	Lease No. K-2860
Location Unit Letter X ; 660 Feet From The East Line and 1980 Feet From The South Line of Section 20 Township 10-S Range 34-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Service Pipeline 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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 20	Twp. 10-S	Rge. 34-E
	Is gas actually connected? Yes		When June 1968	

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)	Oil 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								
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 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 (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

Ralph L. Maness
Ralph L. Maness
 (Signature)
Acting District Engineer
 (Title)
7-18-68
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY *John W. Runyon*
 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 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.