

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
LET 22 10 1968

Form No. 1
Revised 1-64
O.C. 110

I. Operator
SUN OIL COMPANY
Address
P. O. BOX 2792 ODESSA, TEXAS 79760
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name **New Mexico "M" State** Well No. **1** Pool Name, including Proration **Vada Penn.** Kind of Lease **State, Federal or Com.** Lease No. **OK-5265-1**
Location
Unit Letter **D** **660** Feet From The **North** Line and **660** Feet From The **West**
Line of Section **19** Township **10S** Range **34E** , **NMPL** Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Service Pipe Line Co. or **Amoco Pipeline Co.** Address (Give address to which approved copy of this form is to be sent)
3421 Knoxville Ave., Lubbock, Texas 79410
Box 3120, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Corp. Address (Give address to which approved copy of this form is to be sent)
Box 1589, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks. Unit **D** Sec. **19** Twp. **10S** Rge. **34E** Is gas actually connected? **Yes** When **Sept. 30, 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 ☐ Other (Specify) ☐
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.S.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Trueing 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 (Test must be after recovery of total volume of lead oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)
OIL WELL
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 (pilot, back pt.) _____ 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.
R.H. Hughes
(Signature)
Proration Clerk
(Title)
October 25, 1968
(Date)
OIL CONSERVATION COMMISSION
APPROVED _____
BY **John W. Runyan**
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 1104.
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 IV for changes of owner, well name or number, or transporter, or other such changes of condition.
Form O-104 must be filed for each well in multiple copies.