

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

## NEW MEXICO OIL CONSERVATION COMMISSION

## REQUEST FOR ALLOWABLE

AND

Form C-104

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

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOTE: Western Oil Trans., Inc., Box 725,  
Hobbs, N.M. will haul oil for purchaser;  
Pan American Petr. Corp.

AUG 13 4 0 PM '68

Operator Sun Oil Company	
Address P. O. Box 2792 Odessa, Texas 79760	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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 Formation Paducah-Pennsylvanian Undesignated R-3505	Kind of Lease State, Federal or Fee State	Lease No. K-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, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Pan American Petr. Corp. (Trucks)	Box 3120, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
D 19 10S 34E No	

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 6-8-68	Date Compl. Ready to Prod. 7-18-68	Total Depth 9950	P.B.T.D. 9876
Elevations (DF, RKB, RT, GR, etc.) DF 4225-RKB 4226.6-GR 4215	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9893	Tubing Depth 9852
Perforations 9897-98-99-9900-01-02-03-04-05-06			Depth Casing Shoe 9934
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	415	250
12½	8-5/8	4000	210
7-7/8	5½	9950	200

## V. TEST DATA AND REQUEST FOR ALLOWABLE (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 7-19-68	Date of Test 8-12-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 278.76	Water-Bbls. 221	Gas-MCF 417

## 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.RW Hughes  
(Signature)Proration Clerk  
(Title)8-12-68  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED

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 allow-  
able 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