	·						
DISTRIBUTION	EW MEXICO OIL O		Form C-104				
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11				
U.S.G.S.		AND	Effective 1-1-65				
	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	S				
TRANSPORTER OIL							
GAS							
OPERATOR							
PRORATION OFFICE							
Sun Oil Company							
Address							
P. O. Box 1861, Midla							
Reason(s) for filing (Check proper be		Other (Please explain)					
New Well X	Change in Transporter of: Oil Dry Go	ICASINGHEAD GAG					
Change in Ownership	Casinghead Gas Conde						
		IS ORTAINED.					
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL ANI Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease					
U. D. Sawyer	· 8 Crossroads Si						
Location							
Unit Letter B ; 23	10 Feet From The East Lir	ne and990 Feet From The	North				
Line of Section 27 T	ownship 95 Range	36Е , NMPM, Lea	County				
RESIGNATION OF TRANSPOL	TER OF OUT AND NATURAL OF						
Name of Authorized Transporter of C	TER OF OIL AND NATURAL GA	Address (Give address to which approved	copy of this form is to be sent)				
Mobil Pipe Line Compa	ny	Box 900, Dallas, Texas	75221				
Name of Authorized Transporter of C		Address (Give address to which approved	copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	Is gas actually connected? When					
	J 27 95 36E		······				
COMPLETION DATA	ith that from any other lease or pool,	give comminging order number:					
Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen F	Plug Back Same Resty. Diff. Resty.				
	<u> </u>	X	t 1				
Date Spudded	Date Compl. Ready to Prod.		P.B.T.D.				
7-11-72 Elevations (DF, RKB, RT, GR, etc.)	9-15-72 Name of Producing Farmation	12057 Top Oil/Gas Pay	12056 Fubing Depth				
GR. 4031.5	Devonian	11980	11,839				
Perforations			Depth Casing Shoe				
12029-12051			12055				
		CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	266 ¹	SACKS CEMENT				
12-1/4"	9-5/8"	4294 '	1440				
8-3/4"	7"	120571	250				
	2-7/8"	11839'					
TEST DATA AND REQUEST I		fter recovery of total volume of load oil and opth or be for full 24 hours)	l must be equal to or exceed top allow-				
DIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, of	etc.)				
9-15-72	9-16-72	Flowing					
Length of Test	Tubing Pressure		Choke Size				
24 Hours	360#	PKR.	12/64"				
Actual Prod. During Test	Oil-Bbis.		Gas-MCF				
	648	0	NAG				
GAS WELL		·					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF C	Gravity of Condensate				
			·				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
CERTIFICATE OF COMPLIAN	ICE						
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED JE	<u>2 1972 . 19</u>				
Commission have been complied	with and that the information given	In VACATATA					
wove is true and complete to th	e best of my knowledge and belief.	BY					
		TITLESUPERVIS	OR DISTRICT				
Charles & say (Signappe)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
				Proration Clerk	itle)	All sections of this form must	be filled out completely for allow-
				(Title) 9-20-72		able on new and recompleted wells Fill out only Sections I. II. I	II, and VI for changes of owner,
(Date)		well name or number, or transporter,	or other such change of condition.				
a na sa ang ang ang ang ang ang ang ang ang an	· · · · · · · · · · · · · · · · · · ·	Separate Forms C-104 must b	e filed for each pool in multiply				
	and the second	1 A set of the set					

RECEIVED

SEL 2 1 1072

OIL CONSERVATION COMM. HOLL, N. M.