NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABHEBBS OFFICE O. C. C. Effective 1-1-65 Supersedes Old C-104 and C-110 SANTA FE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 167 U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Sum Oil Company Address Odessa, Texas 79760 O. Box 2792 Other (Please explain) Reason(s) for Change in Transporter of: New Well Recompletion Oil Dry Gas Casinghead Gas Condensate 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 Kind of Lease Ștate, Federal or Fee G. M. Cosby Milnesand (San Andres) _ Feet From The _ East North Line and ___ Feet From The_ -1651 990 , NMPM, Line of Section 12 Township 8 S Range 34 E Roosevelt 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 or Condensate MAGNOLIA PIPE LINE COMPANY CHANGED Box 900 Dallas Texas Address (Give address to which approved copy of this form is to be sent) Magne 11 - P 1 - 00 TO MOBIL PIPE LINE COMPANY 11-1-66 idea of Authorized Transporter of Casinghead Gas or Dry Gas Cities Service Oil Co. Unit Bertlesville Oklahoma When Twp. Rge. If well produces pil or liquids, give location of tanks. 8 8 34-E 4-1-65 12 TOS If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Same Res'v. Diff. Res'v. New Well Plug Back Oil Well Gas Well Workover Deepen Designate Type of Completion - (X) P.B.T.D. 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 Casing Pressure Choke Size Tubing Pressure Length of Test Water - Bbls. Gas - MCF Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. BY

This form is to be litted in compliance with RULE 1104.

TITLE

Malwell Misignature)

(Title)

(Date)

Area Engineer

6-20-67

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.

Lease No.

County

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.

NO. OF COPIES RECE	IVED
DISTRIBUTIO	ОИ
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
FRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OF	ICE
Operator	
Sun Oil Co	npany
P. O. Box Reason(s) for filing	2880 (Check proper
New Well	
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Hecompletion	===

NEW MEXICO OF CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST FOR ALLOWABLE AND Supersedes Old C-104 and C-1		
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	. GAS
LAND OFFICE			
TRANSPORTER	14.1		
GAS			
OPERATOR			
I. PRORATION OFFICE			
Sun 011 Company	75221		
P. O. Box 2880 Da Reason(s) for filing (Check proper box)		Other (Please explain)	
tiew Well	Change in Transporter of: Oil Dry Gas		
itecompletion	Oil Dry Gas		
Change in Ownership	Odsinghedd dde		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE Well No. Pool Nar	me, Including Formation	Kind of Lease
G. M. Cosby		sand (San Andres)	State, Federal or Fee Fee
Location	Of Feet From The North Lin	e and 1651! Feet Fro	om The East
	wnship 8-S Range 34		county County
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which ap	proved copy of this form is to be sent)
Megnolia Pineline Co.	·	P. O. Box 1073, Mid	proved copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhead Gas 🔀 or Dry Gas 🗀	i e	Dallas, Texas
Capitan, Inc.		3707 Rawlins Ave. Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 12 8-S 34-E	Is gas actually connected:	4-1-6 5
	ith that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi			,
Larte Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
i/col	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
. 001			Depth Casing Shoe
-erforations			
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			I oil and must be equal to or exceed ton allow
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be able for this d		l oil and must be equal to or exceed top allou
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil-Bbls.	Hater Bara.	
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure		
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSE	RVATION COMMISSION
and the second and a second as	d regulations of the Oil Conservation	APPROVED	, 19
			Kany
above is true and complete to t	the best of my knowledge and belief	The state of the s	
		TYTYE	
		This form is to be file	d in compliance with RULE 1104.

Eller Ah! (Signature)

Area Superintendent

(Title)

June 16, 1965

(Date)

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Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

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