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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
APR 14 11 22 AM '66

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

Operator Sun Oil Company	
Address P. O. Box 2880 Dallas, Texas	
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 _____

Lease Name James McFarland		Lease No. 2	Well No. 2	Pool Name, Including Formation Chaveroo S. A.	Kind of Lease State, Federal or Fee Fee
Location					
Unit Letter M	660	Feet From The South	Line and 660	Feet From The West	
Line of Section 20	Township 7S	Range 33E	, NMPM, Roosevelt		County

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)			
Magnolia P. L. Co.		Box 900 Dallas, Texas			
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)			
Capitan Petr., Inc.		Box 19598 Dallas, Texas			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 20	Twp. 7S	Rge. 33E	Is gas actually connected? Yes When 4-1-66

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 3/14/66	Date Compl. Ready to Prod. 3/28/66	Total Depth 4349		P.B.T.D. 4319					
Elevations-DF, RKB, RT, GR, etc., Gr 4429, DF 4440, RDB 4441	Name of Producing Formation Milnesand S. A.		Top Oil/Gas Pay 4140		Tubing Depth 4142				
Perforations 4155-59-64-73-80-83-90-93-97-4221-26-34-39-49-52-61-68-72-76-85-93. One 3/8" jet shot per int.						Depth Casing Shoe 4316			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		400		200				
7-7/8	4-1/2		4349		150				
	2" EUE		4142						

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 4/9/66	Date of Test 4/10/66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 550	Casing Pressure Pkr.	Choke Size 16/64
Actual Prod. During Test 155	Oil-Bbls. 108	Water-Bbls. 47	Gas-MCF 71.3

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure
	Bbls. Condensate/MMCF
	Gravity of Condensate
	Casing Pressure
	Choke Size

VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APPROVED _____, 19____
(Signature) Area Engineer	TITLE _____
(Title) 4/12/66	This form is to be filed in compliance with RULE 1104.
(Date)	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.