

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 HOBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 27 10 52 AM '66

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

Operator Sun Oil Company	
Address P. O. Box 2792, Odessa, 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 **None**

II. DESCRIPTION OF WELL AND LEASE

Lease Name James McFarland "A"	Lease No. 3	Well No. 3	Pool Name, Including Formation Chaveroo SA	Kind of Lease State, Federal or Fee Fee
Location				
Unit Letter J	1979.5	Fees From The South	Line and 1955.8	Fees From The East
Line of Section 20	Township 7S	Range 33E	NMPM, Roosevelt 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"/> Magnolia Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Capitan Petr., Inc.	Address (Give address to which approved copy of this form is to be sent) Box 19598, Dallas, Texas	
If well produces oil or liquids, give location of tanks.	Unit 0	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: **-**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-30-66	Date Compl. Ready to Prod. 4-21-66		Total Depth 4450		P.B.T.D. 4418			
Elevations (DF, RKB, RT, GR, etc.) DF 4434, RKB 4435, GR 4425	Name of Producing Formation - Chaveroo SA		Top Oil/Gas Pay 4150		Tubing Depth 4279			
Perforations 1 hole each at 4192, 97, 4210, 49, 52, 65, 70, 74, 79, 84, 90, 96					Depth Casing Shoe 4420			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8"		390'		200 Sks			
7-7/8"	4-1/2"		4450'		150 Sks			
7-7/8"	2" BUE		4279'		-			

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 4-19-66	Date of Test 4-20-66	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure 15#	Casing Pressure 15#	Choke Size 40/64"
Actual Prod. During Test 62	Oil - Bbls. 62	Water - Bbls. 0	Gas - MCF 26.8

GAS WELL

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

T. E. Maxwell
(Signature)
Area Superintendent
(Title)
4-25-66
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **John D. Ramsey**
TITLE **Secretary**

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 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.

66' 12 55 01 TS 494

4. 2. 2.

James M. Smith