1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COMMISS, FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS	
	Operator SUNDANCE OIL COMPANY Address Suite 510, 1776 Lincoln Street, Denver, CO Recson(s) for filing (Check proper box) New Well X (Re-entry) Other (Please explain) Other (Please explain) Change in Ownership Casinghead Gas				
	If change of ownership give name and address of previous owner	THIS WELL HAS BEEN F DESIGNATED BELOW. IF MOTIFY THIS OFFICE.			
11.	II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Kind of Lease Lease No.				
	Cone Federal	13 Tomahawk, San	Andres R -6170 State, Fodera		
	Location 10	80 Feet From The South Lit	. 660	lloct	
	Unit Letter <u>19</u> ; <u>19</u>	80 Feet From The South Lir	ne and <u>660</u> Feet From 7	rheWest	
	Line of Section 31 Tov	wnship 7S Range	<u>32E , NMPM, Roos</u> e	evelt County	
п.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	IS	•	
	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)	
	Koch Oil Company	singhead Gas XX or Dry Gas	P.O. Box 1158, Breckeni Address (Give address to which approv	ridge, TX 76024	
	None of Authorized Transporter of Cas			•	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	P.O. Box 300, Tulsa, Ol Is gas actually connected?		
	give location of tanks.	A 31 7S 32E	Yes	3/25/79	
. 1	f this production is commingled wit	th that from any other lease or pool,	give commingling order number:	۲.	
۷. آ	COMPLETION DATA	Plug Back Same Resty, Diff. Resty.			
	Designate Type of Completic	$n - (X) = \chi$	Х		
	Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	6/29/79	8/25/79	4300	4231	
	Elevations (DF, RKB, RT, GR, etc.) 4467' GL	Name of Producing Formation San Andres	Top Oll/Gas Pay 4147	Tubing Depth 4155	
ł	Perforations			Depth Casing Shoe	
	4147-54', 4160-66', 4	169-78', 4210-15', 4228-	32' w/2 spf	4300	
			CEMENTING RECORD		
\mathbf{F}	HOLE SIZE 7 7/8"	CASING & TUBING SIZE	4300'	760 SX	
	/ //8	<u>4 1/ 2</u>	+500	700 37	
	·		j	<u> </u>	
	. 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 allow able for this depth or be for full 24 hours)				
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	8/24/79	8/24/79	Pumping		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
-	12 hrs. Actual Prod. During Test	Oil-Bbis.	Water • Bbls.	Gas-MCF	
	41 bbls.	23	18	16	
•					
г	GAS WELL Actual Fred, Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
	N/A				
ł	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-18)	Casing Pressure (Shut-in)	Choke Size	
Ł		<u> </u>	l		
ī. (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.		OIL CONSERVA		
,			APPROVED <u>SEP 4 15 5</u> BY <u>19</u> TIPLE SUPERVISOR DISTRICT 1 This form is to be filed in compliance with RULE 1104.		
C					
£					
	(Signature) Richard O. Dimit		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		
	Vice President, Produ		tosta taken on the well in accordance with RULE 111.		
-	(Tui		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
	August 29, 1979		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.		
	(Dat	477	watt name of admost, of transporte		