

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

R-4786

**I. OPERATOR**

Operator: **SUN OIL COMPANY**

Address: **Box 1861, Midland, Texas 79701**

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain): **CASINGHEAD GAS MUST NOT BE PRODUCED UNDER 3/1/73 UNDER AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner: \_\_\_\_\_  
 THIS WELL HAS BEEN PLACED IN THE POOL  
 OF THE \_\_\_\_\_ IF YOU DO NOT CONCUR

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Blockson-Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Undesignated</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 11140</b>
Location Unit Letter <b>N</b> <b>1980</b> Feet From The <b>W</b> Line and <b>660</b> Feet From The <b>S</b> Line of Section <b>34</b> Township <b>8-S</b> Range <b>34-E</b> , NMPM, <b>Roosevelt</b> 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"/> <b>Mobil Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 900, Dallas, Texas 75221</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	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 <b>N</b> Sec. <b>34</b> Twp. <b>8-S</b> Rge. <b>34-E</b>	Is gas actually connected? <b>No</b> When _____

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>9-19-72</b>	Date Compl. Ready to Prod. <b>12-31-72</b>	Total Depth <b>9658'</b>	F.B.T.D. <b>9640'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>GR. 4258.7'</b>	Name of Producing Formation <b>Bough "C"</b>	Top Oil/Gas Pay <b>9593</b>	Tubing Depth <b>9633'</b>					
Perforations <b>9606/13</b>	Depth Casing Shoe <b>9662.16</b>							

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17-1/2"</b>	<b>13-3/8"</b>	<b>420.00</b>	<b>420 Sx. Cl. "C"</b>
<b>11 "</b>	<b>8-5/8"</b>	<b>4250.00</b>	<b>1200 Sx. Cl. "C"</b>
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>9662.16</b>	<b>275 Sx. Cl. "C"</b>
<b>7-7/8"</b>	<b>2-1/2"</b>	<b>9633.00</b>	<b>-</b>

**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 <b>11-4-72</b>	Date of Test <b>1-8-73</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 Hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>33.30</b>	Oil-Bbls. <b>33.0</b>	Water-Bbls. <b>30</b>	Gas-MCF <b>85.0</b>

**GAS WELL**

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

Charles Gray  
(Signature)  
**Proration Clerk**  
(Title)  
**January 10, 1973**  
(Date)

OIL CONSERVATION COMMISSION  
**JAN 12 1973**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY John J. James  
 TITLE **SUPERVISOR DISTRICT I**

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.

In compliance with Rule III, New Mexico Oil Conservation Commission Rules & Regulations, is a deviation test for the following:

LEASE & WELL NO.: Blockson-Federal #1

FIELD: Undesignated COUNTY Roosevelt

LOCATION: 1980' FWL, & 660' FSL, Sec. 34, T-8-S, R-34-E, UL "N"

<u>MEASURED DEPTH</u>	<u>COURSE LENGTH 100's OF FEET</u>	<u>ANGLE OF INCLINATION</u>	<u>DISPLACEMENT PER 100 FEET</u>	<u>COURSE DISPLACEMENT</u>	<u>ACCUMULATIVE DISPLACEMENT</u>
420	4.20	1/2	0.873	3.67	3.67
900	4.80	1/2	0.873	4.19	7.86
1385	4.85	1/2	0.873	4.23	12.09
1850	4.65	3/4	1.309	6.09	18.18
2160	3.10	3/4	1.309	4.06	22.24
2650	4.90	3/4	1.309	6.41	28.65
3135	4.85	3/4	1.309	6.35	35.00
3625	4.90	1-1/2	2.618	12.83	47.83
4128	5.03	1/4	0.436	2.19	50.02
4628	5.00	1/4	0.436	2.18	52.20
5084	4.56	3/4	1.309	5.97	58.17
5572	4.88	1	1.745	8.52	66.69
6070	4.98	1	1.745	8.69	75.38
6555	4.85	3/4	1.309	6.35	81.73
7043	4.88	1	1.745	8.52	90.25
7540	4.97	1-1/4	2.181	10.84	101.09
8017	4.77	1-1/4	2.181	10.40	111.49
8481	4.64	1-1/4	2.181	10.12	121.61
8741	2.60	3/4	1.309	3.40	125.01
9658	9.17	1/4	0.436	4.00	129.01

I Charles Gray being first duly sworn on oath state that I have knowledge of the facts and matter set forth and the same are true and correct.

Charles Gray  
Signature

Subscribed and sworn to before me this 10th day of January, 1973.

Ann Marie He...  
Notary Public in and for  
Midland County, Texas