NO. OF COPIES DISTRIBL SANFA FF FILE U.S.G.S. LAND OFFICE TRANSPORTE		REQUES	CONSERVATION COMMISSION T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedus Old C-104 and C-1 Effective 1-1-65 GAS
OPERATOR I. PRORATION C Operator	GAS DFFICE	_		
SUNDANCE	OIL COMPANY			
Address Suite 510 Reason(s) for fili New Well Recompletion Change in Owner	ng (Check proper ba	Change in Transporter of: Oil Dry G	Other (Please explain) Hooked up gas li	ne to sell casinghead
If change of own and address of p	ership give name revious owner			·
II. DESCRIPTION Lease Name CONE FEDEI Location Unit Letter	RAL	LEASE Well No. Pool Name, Including I 5 Tomahawk, San 980 Feet From The North Li	Andres State, Federa	al or Fee Federal 15019
Line of Section 31 Township 7S Range 32E , NMPM, ROOSEVELT County				
11. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas <u>Cities Service Company</u> If well produces oil or liquids, Unit Sec. Twp. Page.			Address (Give address to which approved the second	74102
give location of tanks. A 31 75 32E If this production is commingled with that from any other lease or pool, gi				/28/79
7. COMPLETION	<u>DATA</u> ype of Completic	OII Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dlif. Res'v.
Date Spuddod		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, R	KB, RT, GR, etc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			·	Depth Casing Shoe
HOL	ESIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
				-
. TEST DATA A	ND DEOLEST E	DE ALLOWABLE (Test must be a		
. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours) OIL WELL able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
Longth of Test		Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. Durin	g Test	Oll-Bbls.	Water - Bbis.	Gas-MCF
			<u> </u>	
GAS WELL Actual Pred. Test	MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing kiethod (pi	tot, back pr.j	Tubing Pressure (Simt-in)	·Casing Pressure (Shut-in)	Choke Size
. CERTIFICATE	OF COMPLIANC	E State Stat	E K MEL	TION 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, <i>Me Rule M. Martin</i> (Signature) R.O. Dimit Vice President, Production			APPROVED JUN 201073, 19 BY Orig Signed b	
			TITLE Dist 1, Supv.	
			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.	
June 19, 1	(Titl	c) .	able on new and recompleted wel Fill out only Sections I. II.	t be filled out completely for allow- ls. III, and VI for changes of owner, r, or other such change of condition.
		and a second	·	en e

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^{JUN 2} 2 1979 OIL CONSERVATION COMM.