| NO. OF COPIES RECEIN | - |] | | | | | | |
|-------------------------------------------------|--------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------|--|--|
| DISTRIBUTION | | | CONSERVATION COMM | ISSIC. | Form C-104 | | | |
| FILE | | REQUEST | FOR ALLOWABLE | • 1.15 • 1.15 · 1 | Supersedes Old Effective 1-1-63 | C-104 and C-11 | | |
| U.S.G.5. | | AUTHORIZATION TO TRA | | ATURAL C | GAS | | | |
| LAND OFFICE | 016 | | | | | | | |
| | GAS | | | | | | | |
| PRORATION OFFIC | CE | - | | | | | | |
| Operator SUNDANCE OIL | COMPANY | | | | | | | |
| Address | | | | <u> </u> | | | | |
| Reason(s) for filing (C | | | 0203 Other (Please | explain] | | | | |
| New Well | | Change in Transporter of: | CASENGE | HEAD GA | B MUST NOT BE | | | |
| Recompletion Change in Ownership | - | · | Dry Gas Dry Gas UNLESS AN EXCEPTION TO R-4070 | | | | | |
| | | | 18 OBTA | INED. | | J | | |
| If change of ownershi and address of previo | | | ····· | | | | | |
| Lease Name | WELL AND | LEASE Well No. Pool Name, Including F | ormation | Kind of Lease | | | | |
| Cone Federal | | 5 Tomahawk, San | | | al or Fee Federal 15019 | | | |
| Location | | | ********** | | | · | | |
| Unit Letter E | ; <u>19</u> | 80 Feel From The North Lir | ne and <u>660</u> | _ Feet From 1 | The West | | | |
| Line of Section 3 | <u>51 Tov</u> | vnship 7S Range | 32Е , ммрм, | R | oosevelt | County | | |
| | | TER OF OIL AND NATURAL GA | IS | | | · | | |
| Name of Authorized Tr Koch Oil Comp | | XX or Condensate | | | ved copy of this form is to widge TV 760 | | | |
| Nome of Authorized Tr | | singhead Gas 📄 or Dry Gas 📑 | Address (Give address t | o which approv | ridge, TX 7602 ved copy of this form is to | be sent) | | |
| | | Unit Sec. Twp. Rge. | Is gas actually connecte | d? Whe | en | | | |
| If well produces all or give location of tanks. | | A 31 7S 32E | No | | | | | |
| If this production is c . COMPLETION DAT | | h that from any other lease or pool, | give commingling order | number: | | | | |
| Designate Type | | on - (X) Oil Well Gas Well | New Well Workover | Deepen | Plug Back Same Res! | v. Diff. Res'v. | | |
| Date Spudded | | Date Compl. Ready to Prod. | X Total Depth | | P.B.T.D. | i | | |
| 10/25/78 Elevations (DF, RKB, | | 12/5/78 Name of Producing Formation | 4330 Top Oil/Gas Pay | | 4289 Tubing Depth | | | |
| 4442' GL | (1, GA, etc.) | San Andres | 4210 | | 4286 | | | |
| Perforations 4210-16', 422 | 5-31' 42 | 46-48' | | . . | Depth Casing Shoe | | | |
| | | | CEMENTING RECOR | D | | | | |
| HOLE SI | Z E | CASING & TUBING SIZE | 1750 | | 600 SX | | | |
| 7 7/8" | | 4 1/2" | 4330 | | 300 sx | | | |
| | | | 2 | | | | | |
| . TEST DATA AND | REQUEST FO | DR ALLOWABLE (Test must be a | fer recovery of total voluments for be for full 24 hours, | ne of load oil a | and must be equal to or ex | cend top allow. | | |
| OIL WELL Date First New Oil Ru | n To Tanks | Date of Test | Producing Method (Flow | | (1, etc.) | | | |
| 11/14/78 | | 12/5/78 Tubing Pressure | Pumping Casing Pressure | | Cheke Size | | | |
| 24 hrs. | | N/A | N/A | | N/A | | | |
| Actual Prod. During Te 210 | st | оп-выз. 200 | Water-Bbls. 10 | | Gais - MCF 88 | | | |
| 210 | | | 1 10 | |] 66 | | | |
| GAS WELL Actual Prod. Tast-MC | F/D | Length of Test | Bbis. Condensate/MMCF | | Gravity of Condenecte | | | |
| N/A | ., | | | | | | | |
| Tusting MetPod (pitor, | back pr.) | Tubing Pressure (5hui-in) | Casing Pressure (Shut- | •in] | Choke Size | | | |
| . CERTIFICATE OF | COMPLIANO | CE | OIL C | ONSERVA | TION COMMISSION | | | |
| I hereby certify that t | he rules and r | egulations of the Oil Conservation | APPROVED DE | 6181 | | 9 | | |
| Commission have be | en complied w | with end that the information given best of my knowledge and belief. | BY Left | 4 Se | uton | | | |
| Λ | 1 A | n /_ | TITLE SUPERVISOR DISTRICT | | | | | |
| Lal | | Minist | This form is to | | compliance with RULE | | | |
| prend | All' A | WMUL www.Richard O. Dimit | mall this form must | If this is a request for allowable for a nawly dril, a or compandence well, this form must be accompanied by a tabulation of the deviation | | | | |
| Vice Presiden | t, Product | tion | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for sllow- | | | | | |
| December 13, | _{(7 ند} 1978 | le) | sble on new and recomplated walls. Fill out only Sections I. II. III. and VI for changes of owner. | | | | | |
| | (Da | t#) | well name or number | , or transport | er, or other such change | of condition. | | |
| | | | | | | | | |

• -'

FERRE ED



November 3, 1978

Sundance Oil Co. 1776 Lincoln St., Suite 510 Denver, Colorado 80204

Re: Cone Fed. #5

Gentlemen:

The following is a Deviation Survey of the above well located in Roosevelt County, New Mexico.

| 424 ' | - | $1/2^{0}$ | | 29231 | | 3/40 | |
|-------|---|---------------|--|-------|---|------|------|
| 991' | - | $1/2^{0}_{0}$ | | 34751 | | | |
| 14641 | _ | 3/40 | | 37881 | | 3/40 | |
| 1750' | - | 10 | | 39451 | - | 3/40 | |
| 19591 | - | 3/40 | | 4330' | + | 3/40 | Τ.D. |
| 24251 | - | 3/40 | | | | | |

Yours very truly,

WEK DRILLING CO., INC.

Arnold Newkirk

STATE OF NEW MEXICO) ý COUNTY OF CHAVES

The foregoing was acknowledged before me this <u>3</u> and day <u>Hovembu</u>, 1978 by Arnold Newkirk. Commission Expires: of

My Commission Expires:

nil9,1980