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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

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

Operator SUNDANCE OIL COMPANY	
Address Suite 910, 1776 Lincoln St., Denver, CO 80203	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE PLACED ABOVE 41181 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED from D.S.D.S
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

Lease Name Cone Federal		Well No. 22	Pool Name, including Formation Chaular, San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. 15019
Location Unit Letter N ; 330 Feet From The South Line and 1980 Feet From The West Line of Section 27 Township 7 South Range 32 East , NMPM, Roosevelt County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1158, Breckenridge, TX 76024			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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 N	Sec. 27	Twp. 7S	Rge. 32E	Is gas actually connected? When NO

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10/1/80	Date Compl. Ready to Prod. 1/31/81	Total Depth 4400		P.B.T.D. 3988					
Elevations (DF, RKB, RT, GR, etc.) 4470' GL, 4482' KB	Name of Producing Formation San Andres	Top Oil/Gas Pay 4238		Tubing Depth 4252					
Perforations 4238-48', 4252-58', 4264-70' w/2 spf				Depth Casing Shoe 4400					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		1885		450 sx, circ. 36 sx				
7 7/8"	4 1/2"		4388		300 sx				
7 7/8"	2 3/8"		4252						

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 1/30/81	Date of Test 1/31/81	Producing Method (Flow, pump, gas lift, etc.) Pumping (1 1/2" X 2" X 8' BHP)	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 28 bbls.	Oil-Bbls. 13	Water-Bbls. 15	Gas-MCF TSTM

GAS WELL			
Actual Prod. Test-MCF/D N/A	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION FEB 12 1981	
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.		APPROVED _____, 19____	
Nolan L. Ashburn (Signature) Nolan L. Ashburn President (Title) February 12, 1981 (Date)		BY _____ SUPERVISOR DISTRICT I TITLE _____ 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.	