	NO. OF COPIES RECEIVED		<u> </u>	
	DISTRIBUTION		ONSERVATION COMM ON	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
	U.S.G.S.		AND	
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT UIL AND NATURAL	GAS
	TRANSPORTER OIL		_	
	GAS			
	OPERATOR	4		
I. PRORATION OFFICE Uperator Uperator SUNDANCE OIL COMPANY Address				
#910, 1776 Lincoln Street, Denver, CO 80203 Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:	CASINGE	PERSONNEST NOT DE
	Recompletion	Oil Dry Ga	s I FLARED UNLESS	ATTION TO E-400 0
	Change in Ownership	Casinghead Gas Conder		D. A. M. T. L. H. A.
	If change of ownership give name	THIS WELL HAS BEEN	PLACED IN THE POOL	Jerne G. S. P.
and address of previous owner DESIGNATED BELOW: IF YOU DO NOT CONCOM				
а.	DESCRIPTION OF WELL AND LEASE D-1-84			
	Leave Name Well No. Pool Name, Including Formation R-6657 Kind of Leave Lea			
	Location			
	Unit Letter M; 660 Feel From The South Line and 660 Feel From The West			
Line of Section 27 Township 7 South Range 32 East , NMPM, Roosevelt				elt. County
1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oli is or Condensate Address (Give address to which approved copy of this form is to P.O. Box 1158, Breckenridge, TX 76024 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to P.O. Box 1158, Breckenridge, TX 76024 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to P.O. Box 1158, Breckenridge, TX 76024 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to P.O. Box 1158, Breckenridge, TX 76024 N/A (Gas TSTM) Unit Sec. Twp. If well produces ciller liquids, give location of tanks. N 27 7S 32E No				
				ien
.,	this production is commingled with that from any other lease or pool, give commingling order number:			
۷.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,
	Designate Type of Completic		X .	
	Date Spudded 12/17/80	Date Compl. Ready to Prod. 2/17/81	Total Depth 4430	р.в.т.д. 4392
	Lievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	4479' GL, 4491' KB	San Andres	4200	4078
Felioictions				Depth Casing Shoe 4430
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	<u>1884'</u> 4430'	400 sx, circ. 15 sx 200 sx
	7 7/8"	2 3/8"	4078'	200 3X
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to OIL WELL (Test must be after recovery of total volume of load oil and must be equal to cble for this depth or be for full 24 hours) In Data First New Oil Bun To Tanks Data of Test Producing Method (Flow, pump, gas lift, etc.)				and must be equal to or exceed top allow-
				ift, etc.)
	2/7/81	2/17/81	Pumping	
	Length of Test	Tubing Prossure	Casing Pressure	Choke Size
	24 hrs.	N/A Oil-Bbis,	N/A Water-Bbis.	N/A Gae-MCF
	Actual Prod. During Test 38 bbls.	3	35	TSTM
		1	<u>.</u>	
	GAS WELL	L conth of Track	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Tost-MCF/D N/A	Length of Test	DDIS. CONCENSUIS/ MMCF	granny or condenation
	Testing Method (pitot, back pr.)	Tubing Pressure (Chui-in)	Caning Pressure (Churt-in)	Choke Size
	L	 	 	
۶.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	ATION COMMISSION
			APPROVED MAR 9 1932	
	I hereby certify that the rules and regulations of the Oll Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Infil a fait of the	
	coove is true and complete to the	DEST OF MY KNOWLEGES KNU BEHEL.	BY THE RUISE	
		21	TIFLE CONTRIVIDED LIDINICIA	
	M.J. I.		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly defiled or despended well, this form must be accompanied by a tabulation of the deviation tosts taken on the well in accordance with HULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
	- 101 cm (Signe	Mure, Nolan L. Ashburn		
	President	- NOTAH L. ASIDULI		
	(Tit			
February 19, 1981			Fill out only Sactions I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
H H				
