NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE	- 1	DISERVATION COMPISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL G AUG 7 34 AM 358	AS
I. PRORATION OFFICE Operator Sun Oil Company Address			
P. O. Box 2792. Odes Reason(s) for filing (Check proper bo New Wel. Recompletion Change in Ownership	Sa, Texis, 79760		
If change of ownership give name and address of previous owner			
II. <u>DESCRIPTION OF WELL AND</u> Lease Name New Mexico "H" State	Mel (1.) For Name, Including J.	State EnviorM	Lease No.
Unit Letter <u>A</u> ; <u>6</u>	60 First From The Morth Lan		The East County
	ownship 3S Range 30		County
Name of Authorized Transporter of C	0 4 17	Audress (Grie address to which approx	
Name of Authorized Transporter of C	Bobil Pipe Line Company P. O. Box 900, Dallas, Texas 75221 de of Authorized Transporter of Casingneed Cas I or Div Gas Address (Give address to which approved copy of this form is to be ities Service Oil Company Milnesand, New Mexico		ved copy of this form is to be sent)
If well produces cil or 'iquids,	The Period Twp: Bigs. F 16 8S 30E	s gas actually connected? Vo	ugust 1, 1963
	with that from any other lease or pool,		
V. COMPLETION DATA Designate Type of Complet		Tew Well Workover Deepen	Plug Back - Edite Besty, Dift. Rest
Date Spudded		Total Depth	, F.a. 7.2 .
Elevations (DF, RKB, R7, GR, etc.)	Name of Producing Formation	Top C11/Gue Sev	Tur
Perforations			Depth Odaing Shoe
	TUBING, CASING, ANI	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			· · · · · · · · · · · · · · · · · · ·
			······································
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	for recovery of total volume of load oil to h or be for full 24 noursy	and must be equal to or exceed top allo
OIL WELL Date First New Cil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Length of Test	Tubing Pressure	Casing Piessure	Choke Size
Actual Prod. During Test	Cil-Bp #.	Water-Bols.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bols, Condensate/MMCF	Gravity of Condensate
Testing Method (putot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIA	NCE	OF CONSERV	ATION COMMISSION
		APPROVED	968
Constant - Louis been complied	d regulations of the Oil Conservation I with and that the information given the best of my knowledge and belief.		Clemente
A Cillarn (Signature)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene	
Area Superintendent		All sections of this form must be filled out completely for allow	

tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-able on new and recompleted wells.

August 5, 1968 (Date -

(Title)

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.