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FILE		
U.S.G.S.		ļ
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE	Ì

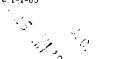
Area Superintendent

August 11, 1967

(Title)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



U.S.G.S.	_ AUTHOR	RIZATION TO T	RANSPORT	TOIL AND N	IATURAL C	AS E	(^
LAND OFFICE				ายัง	es 13767		
IRANSPORTER OIL	-			.30			
GAS	4						
OPERATOR DESIGN	4						
I. PRORATION OFFICE Operator							
Sun Oil Company							
Address			•			····	
P. O. Box 2792 Odes	s sa, T exas	79760					
Reason(s) for filing (Check proper box	-		-	Other (Please	explain)		
New Well	Change in T	Transporter of:					
Recompletion	011	X Dry	Gas				
Change in Ownership	Casinghead	Gas Cor	idensate	ļ			
Vi aliana and annual and an annual an annual and an annual an							
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AND	LEASE Well No. B	Pool Name, Including	r Formation		Kind of Lease	<u> </u>	Lease No.
New Mexico "H" State	5	Cato, San A			State, Federa	or Fee State	
Location				<u>-</u>			
C 660)	The North	T to	1980	Feet From	west	
Unit Letter;	Feet From	The	Line and		reet rrom	ne	
Line of Section 16 To	wnship 88	Range	30E	, NMPM,	Char	7e s	County
Line of Section — 10	· · · · · · · · · · · · · · · · · · ·						
III. DESIGNATION OF TRANSPOR	TER OF OIL A	ND NATURAL	GAS				
. The of Authorized Transporter of Oi.	or Con	densate	Address			ed copy of this form i	s to be sent)
Mobil Pipe Line Compan	ny			Box 900,			_
Name or Authorized Transporter of Ca	singhead Gas	cr Dry Gas	Address	(Give address t	o which approx	ed copy of this form i	s to be sent)
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	-	stually connecte	ed? Who	₽n	
give location of tanks.	F 16	8S 30E	No)			
If this production is commingled wi	ith that from any	other lease or po	ol, give com	mingling order	number:		
IV. COMPLETION DATA		Well Gas Well			Deepen	Plug Back Same F	Res'v. Diff. Res'v.
Designate Type of Completi		wett Gas wet.	1 Jaw Met	Workover	Deapen	Frag Sack Same (1
		-data Dad	Total De		_ `	P.B.T.D.	i
Date Spudded	Date Compl. Red	idy to Prod.	1000.00	sptti			
Elevations (DF, RKB, RT, GR, etc.)	Name of Product	ing Formation	Top Oth	/Gas Pay		Tubing Depth	
Lievations (DF, RRB, RT, GR, etc.)	Ivaine of Froduct		117 511,				
Perforations	<u> </u>					Depth Casing Shoe	
							_
	TU	BING, CASING,	AND CEMEN	ITING RECOR	D		
HOLE SIZE		& TUBING SIZE		DEPTH SE		SACKS C	EMENT
·	<u>. L </u>						
V. TEST DATA AND REQUEST F	OR ALLOWAB	LE (Test must b	e after recove	ery of total volum	me of load oil	and must be equal to c	or exceed top allow
OIL WELL		able for this	s depin or be	for full 24 hours ng Method (Flow	,		
Date First New Oil Run To Tanks	Date of Test		Producti	ng Method (1 tow	, pump, gos	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Tubing Pressure		Casina	Pressure		Choke Size	
Length of Test	Pieseure	2	Cabing	,			
Actual Prod. During Test	Oil-Bbls.		Water - E	3bis.		Gas-MCF	
Actual Prod. During 1981	on Bais.						
						<u> </u>	
GAG INTO I							
GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Co	ondensate/MMCI	F	Gravity of Condense	ate
Actual Floar Foot Mot/ 2	- '						
Testing Method (pitot, back pr.)	Tubing Pressure	e (Shut-in)	Casing	Pressure (Shut-	-in)	Choke Size	
VI. CERTIFICATE OF COMPLIAN	CF			OIL (CONSERVA	TION COMMISSI	ION
VI. CERTIFICATE OF COMPETAN	CL) -		5 a	
I hereby certify that the rules and	regulations of th	ne Oil Conservati	on APPE	70VED		``	_, 19
Commission have been complied	with and that th	he information piv	en 🗄 💹				
above is true and complete to the best of my knowledge and belief.		er. KBY—					
			TITL	E			
1					he filed in	compliance with RU	ILE 1104.
JEEdson (Sign			_		for allow	vehie for a newly dr	illed or deepened
- Julian	nature i		1111	this form must	t he eccomps	nied by a tabulation	n of the deviation
(318)	1 1		tests	taken on the	well in acco	rdance with RULE	111.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.