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

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
O. C. C.
FEB 24 11 35 AM '67

I. Operator
Sun Oil Company
Address
Box 2792, Odessa, Texas 79760
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "H" State	Well No. 7	Pool Name, including Formation Und. - Cato, S.A.	Kind of Lease State, Federal or Fee State	Lease No. K-3259
Location Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East Line of Section 16 Township 8S Range 30E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 414 Mid American Bldg., Midland, Texas					
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 F	Sec. 16	Twp. 8S	Rge. 30E	Is gas actually connected? No	When -

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 2-9-67	Date Compl. Ready to Prod. 2-23-67	Total Depth 3540	P.B.T.D. 3511					
Elevations (DF, RKB, RT, GR, etc.) DF 4122, KB 4123, GR 4113	Name of Producing Formation Und. - Cato, S.A.	Top Oil/Gas 3300-3378	Tubing Depth 3263					
Perforations 3325, 26, 27, 29, 31, 35, 39, 41, 43, 45, 47, 49, 51, 55 (15 holes)			Depth Casing Shoe 3539					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8-5/8		462		300 Sks.			
7-7/8	4-1/2		3540		300 Sks.			
	2-3/8		3263					

V. 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)

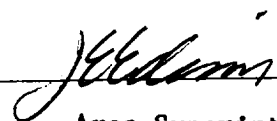
Date First New Oil Run To Tanks 2-22-67	Date of Test 2-22-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 14 Hrs.	Tubing Pressure 20# to 60#	Casing Pressure Pkr.	Choke Size 44/64
Actual Prod. During Test 100.53	Oil - Bbls. 80.53	Water - Bbls. 20.00	Gas - MCF TSTM

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
Area Superintendent
(Title)
2-23-67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.