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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
HOBBS OFFICE O. C. C.
MAR 30 11 34 AM '67

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

I.

Operator Sun Oil Company	
Address Box 2792, Odessa, Texas 79760	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "H" St.	Well No. 14	Pool Name, including Formation Cato - San Andres	Kind of Lease R-3218	Lease No. 103372
Location		State, Federal or Fee State		
Unit Letter 0 ; 1980 Feet From The East Line and 660 Feet From The South				
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 type="checkbox"/> or Condensate <input type="checkbox"/> Sourlock 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'v.	Diff. Res'v.
Date Spudded 3-7-67	Date Compl. Ready to Prod. 3-21-67	Total Depth 3550	P.B.T.D. 3525					
Elevations (DF, RKB, RT, GR, etc.) GR 4123, DF 4132, RDB 4133 Und. - Cato, S.A.	Name of Producing Formation Und. - Cato, S.A.	Top Oil/ Water 3550	Tubing Depth 3412					
Perforations 3370, 74, 75, 77, 78, 80, 83, 84, 87, 89, 91, 93, 98, 99, 3405 1/2	(15 holes)		Depth Casing Shoe 3549					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		451		300 aka			
7-7/8	4-1/2		3550		300 aka			
	2-3/8		3412					

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 3-16-67	Date of Test 3-21-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 20	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test 42.00	Oil - Bbls. 35.00	Water - Bbls. 7.00	Gas - MCF NAG

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.

J E Edison
(Signature)
Area Superintendent
(Title)
3-29-67
(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.