NO. OF COPIES REC	EIVED	İ		
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR		•		
PRORATION OF				

3-27-67

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL PAS				
	OIL		01			
	TRANSPORTER GAS					
	OPERATOR					
I.	PRORATION OFFICE					
	Operator Sun 011 Company					
	Address					
	Box 2792, Odessa, Texa	as 79760				
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Go				
	Change in Ownership	Casinghead Gas Conder	nsate			
	If change of ownership give name					
	and address of previous owner	-	()			
II.	DESCRIPTION OF WELL AND LEASE Control of Andres Lease Name Well No. Pool Name, Including Formation R-32/8 Kind of Lease Lease No.					
	Lease Name	· ·				
	New Mexico "H" State	16 Lind - Cato,	S.A. J., State, Feder	ral or Fee State 103372		
	Location M 660	Feet From The South Lin	. and 660 Foot From	The West		
	Unit Letter;	Feet From TheLir	ne and Feet From	The West		
	Line of Section 16 Tow	mship 85 Range 30	E , NMPM, Chay	County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil Scurlock Oil Company	or Condensate	414 Mid American Bldg.			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)		
	-		•			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	1	hen		
	give location of tanks.	F 16 8S 30E	No	•		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty.					
	Designate Type of Completio		X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3-14-67	3-24-67	3500	3475		
	Elevations (DF, RKB, RT, GR, etc.)	l e	Top Oil/One Pro	Tubing Depth		
	GR 4108,DF 4117,RDB 4118	Und.~Cato, San Andres	3283	3252 Depth Casing Shoe		
	Perforations 3303 07 12 15 17 21 22 5)2	(15 holes)	3499		
	3303,07,13,15,17,21,22,23,25,27,29,33,35,41,45\(\frac{1}{2}\) (15 holes) TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	124	8-5/8	452	300 Sks.		
	7-7/8	4-1/2	3500	300 Sks.		
		2-3/8	3252			
		OD ATTOWARTE (Total months	for a second sec	Il and must be equal to or exceed top allow		
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 allow able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	3-22-67	3-24-67	Flow			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	62 Hrs. Actual Prod. During Test	540	Pkr.	3/4" Gas-MCF		
	67.32	60,33	6.99	TSTM		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Succ-14)	Chore 5124		
			OU CONSERV	ATION COMMISSION		
VI.	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.		APPROVED , 19			
	above is true and complete to the	e best of my knowledge and belief.				
			TITLE			
	4.25			compliance with RULE 1104.		
	188890		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			
	(Signature) Well, this form must be accompanied to with mile the			ordance with RULE 111.		
	Area Supt.		All sections of this form m	nust be filled out completely for allow		

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.

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