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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 9 1 07 PM '67

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

I. Operator
Sun Oil Company

Address
P. O. 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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" State	Well No. 15	Pool Name, Including Formation Cato San Andres	Kind of Lease State, Federal or Fee State	Lease No. K-3259
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Location

Unit Letter **N** ; **660** Feet From The **South** Line and **1980** Feet From The **West**

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 7	Sec. 16	Twp. 8S	Rge. 30E	Is gas actually connected? No	When -
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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.
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Date Spudded 4-24-67	Date Compl. Ready to Prod. 5-4-67	Total Depth 3520	P.B.T.D. 3483
Elevations (DF, RKB, RT, GR, etc.) DF 4122, RKB 4123, GR 4113	Name of Producing Formation Milnesand (San Andres)	Top Oil/Gas Pay 3295	Tubing Depth 3269
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8-5/8	452	300
7-7/8	4-1/2	3520	300

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 5-4-67	Date of Test 5-5-67	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 17 hrs.	Tubing Pressure 100	Casing Pressure Pkr.	Choke Size 16/64
Actual Prod. During Test 86.20	Oil-Bbls. 75.20	Water-Bbls. 11.00	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.

J. E. Edison (Signature)
Area Supt. (Title)
5-8-67 (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.