NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

I.

Operator
Sun Oil Company

Address
P. O. Box 2792, Odessa, Texas 79760

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐ x

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name			Pool Name, Including Formation	Kind of Lease	Lease No.
Woodman-Federal	1	Cato S. A. ~~Exc.~~		Fed. NM	0346362

Location

Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 28 Township 8S Range 30E NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil x
Mobil Pipe Line Company
Address (Give address to which approved copy of this form is to be sent)
Box 900, Dallas, Texas 75221

Name of Authorized Transporter of Casinghead Gas or Dry Gas x
Cities Service Oil Company
Address (Give address to which approved copy of this form is to be sent)
Milnesand, New Mexico

If well produces oil or liquids, give location of tanks. E 28 8S 30E Yes August 13, 1968

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded			Date Compl. Ready to Prod.			Total Depth		
Elevations (DF, RKB, RT, GR, etc.)			Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth
Perforations								Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

W. W. Feaster
Signature

Proration Clerk
Title

8-14-68
Date

OIL CONSERVATION COMMISSION

APPROVED, 19

BY Leslie A. Clements

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 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.