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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

Operator Sun Oil Company	
Address P. O. Box 2792, Odessa, Texas 79760	
Reason for requesting this form (check proper box)	Other (Please explain)
New Well <input type="checkbox"/> Existing Well <input type="checkbox"/> Change of Ownership <input type="checkbox"/>	Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensed 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 Woodman-Federal	Well No. 3	Pool Name, Including Formation Cato S.A. Ext. Under.	Kind of Lease State Federal or Fee Fed.	Lease No. NM0346362
Location Section H Township 1980 Range North Line and 660 Feet from The East Block 29 Township 8S Range 30E County Chaves				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter (check <input checked="" type="checkbox"/>)	Address (Give address to which a proved copy of this form is to be sent)
Mobil Pipe Line Company	Box 900, Dallas, Texas 75221
Name of Authorized Transporter if Designated (check <input checked="" type="checkbox"/>)	Address (Give address to which a proved copy of this form is to be sent)
None	
Section E Township 28 Range 8S Line 30E	Is gas actually connected? No

If this pool is in common with other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion (check <input checked="" type="checkbox"/>)	Oil Well	Gas Well	New Well	Well over	Deepen	Plug Back	Same Res'ty	Diff. Res'ty.
Date Spudded	Date Ready to Prod.	Total Depth				P.B.T.D.		
Flowing NO	Formation	Tip Oil/Gas Pay				Tubing Depth		
Perfor.						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of loose 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Bottom Pressure	Casing Pressure	Choke Size
Actual Prod. (MCF/D)	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back prod.)	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.

Proration Clerk

12-28-67

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.