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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

Operator Sun Oil Co.	
Address P. O. Box 2792, Odessa, Texas 79760	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
Lease Name Woodman-Federal	Well No. Pool Name, including Formation 3 Cato (San Andres) Ext. Unders-
Kind of Lease Federal	Lease No. 111181
Location	
Unit Letter F 11	1980' Feet From The North Line and 660' Feet From The East
Line of Section 29	Township T8S Range 30E , NMFM, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Scurlock Oil Co.	414 Mid America 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)
None	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 28 8S 30E No -

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 Res'v. Diff. Res'v.
X	X
Date Spudded 12-2-67	Date Compl. Ready to Prod. 12-13-67
Total Depth 3510	P.B.T.D. 3487
Elevations (DF, RKB, RT, GR, etc.) GR 4122' RKB 4136' DF 4135' Milnesand (San Andres)	Name of Producing Formation 3324
Perforations 3340,44,46,52,54,61,64,70,73,76,78,3413,19,38,44,49 (16 holes)	Tubing Depth 3280
Depth Casing Shoe 3487	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
12 1/4"	8-5/8"
7-7/8"	4 1/2"
7-7/8"	2-3/8"
DEPTH SET	SACKS CEMENT
333'	200
3510'	300
3280'	

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 12-13-67	Date of Test 12-14-67
Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 15 Hrs.	Tubing Pressure 120
Casing Pressure Pkr.	Choke Size 1/2"
Actual Prod. During Test 165 Bbls.	Oil-Bbls. 165
Water-Bbls. 0	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.	
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.	
J. E. Edison (Signature)	
Area Superintendent (Title)	
12-15-67 (Date)	