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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

I. Operator  
**Sun Oil Company**

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

Reason for drilling (check proper box)  
New Well ☐ Extension of Lease ☐ Other (If lease explain)  
Request for:  
Oil ☒ Dry Gas ☐  
Condensate ☐

If change of ownership, give name  
and address of previous owner.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Woodman-Federal</b>	Section <b>4</b>	State, including Formation <b>Cato S.A. Ext. Undes.</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	Lease No. <b>NM0346362</b>
Location Twp. <b>G</b> Range <b>1980</b> Sec. <b>North</b> Line <b>1980</b> Feet from The <b>East</b> Twp. <b>29</b> Range <b>8S</b> Line <b>30E</b> County <b>Chaves</b>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Mobil Pipe Line Company</b>	Address (Give address to which a proved copy of this form is to be sent) <b>Box 900, Dallas, Texas 75221</b>
Name of Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which a proved copy of this form is to be sent)
Name of Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>E 28 8S 30E</b>	Is gas actually transported? <b>No</b>

If this well is commingled with other wells under one lease or pool, give commingling or pool number.

IV. COMPLETION DATA

Destination Type of Completion <b>NA</b>	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'ty. <input type="checkbox"/> Diff. Res'ty. <input type="checkbox"/>
Date Started <b>12-28-67</b>	Initial Depth <b>1980</b>
Final Depth <b>1980</b>	Tubing Depth <b>1980</b>
Depth Casing Shoe <b>1980</b>	
TUBING CASING, AND CEMENTING RECORD	
HOLES 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 lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours

Producing Method (Flow, pump, gas lift, etc.)	
Casing Pressure	Choke Size
Water-Bbls.	Gls-MCF

GAS WELL

Testing Method (Shut-in, flow, etc.)	Grav. of Condensate
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.