

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Sun Oil Company
Address
P. O. Box 2792, Odessa, Texas 79760
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
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 7 Gato San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NMO 346362
Location Unit Letter C ; 1980 Feet From The west Line and 660 Feet From The north 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Co.	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 E	Sec. 28	Twp. 8S
	Rge. 30E	Is gas actually connected? No	When ---

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.
Date Spudded 12-18-67	Date Compl. Ready to Prod. 1-27-68	Total Depth 3570		P.B.T.D. 3455				
Elevations (DF, RKB, RT, GR, etc.) 4147 DF, 4147.5 RKB, 4138 GR	Name of Producing Formation Milnesand (S.A.)	Top Oil/Gas Pay 3365		Tubing Depth 3416				
Perforations 3402, 05, 10, 14, 16, 18, 25, 27, 31, 38, 40	11 holes		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 3570			
HOLE SIZE 12-1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 4-1/2" 2-3/8"		DEPTH SET 369 3570 3416		SACKS CEMENT 225 sks Incor 300 sks Trinity ---			

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 2-5-68	Date of Test 2-7-68	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 115	Oil-Bbls. 17	Water-Bbls. 98	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.

De Hughes
(Signature)

Proration Clerk
(Title)

2-14-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19 **1968**
BY *[Signature]*
TITLE *[Signature]*

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.