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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 **Sundance Oil Company**

Address **Drawer I, Artesia, New Mexico 88210**

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12/1/75
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Strange Federal	Well No. #2	Pool Name, Including Formation Tom Tom	Kind of Lease State, Federal or Fee Federal	Lease No. NM16637 (A)
Location Unit Letter C ; 660 Feet From The N Line and 1980 Feet From The W Line of Section 9 Township 8 Range 31 , NMPLM, 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"/> KOCH Oil Corp.	Address (Give address to which approved copy of this form is to be sent) Box 2256, Wichita, Kansas 67201
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)
If well produces oil or liquids, give location of tanks.	Unit C Sec. 9 Twp. 8 Rge. 31
Is gas actually connected?	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 9-11-75	Date Compl. Ready to Prod. 9-18-75	Total Depth 4000	P.B.T.D. 3964					
Elevations (DF, RKB, RT, GR, etc.) 4240.3' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3826	Tubing Depth 3875					
Perforations 3826-30-31-32			Depth Casing Shoe 3990					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2	DEPTH SET 404.46 3990	SACKS CEMENT 200sx 300sx					

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 9-26-75	Date of Test 9-25-75	Producing Method (Flow, pump, gas lift, etc.) P 2" x 1 1/2" x 12' Traveling Plunger	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 79	Oil - Bbls. 24	Water - Bbls. 55	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 N Morgan
(Signature)
Supt. Permian Basin Area

10-11-75

(Title)

(Date)

OIL CONSERVATION COMMISSION
APPROVED **001** , 19____
BY **Jerry S. Saylor**
TITLE **SUPV. OF FIELD**

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 deviated 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.

INCLINATION REPORT

OPERATOR Sundance Oil Company ADDRESS P. O. Drawer 1, Artesia, New Mexico 88200
 LEASE Strange Federal WELL NO. 2 FIELD _____
 LOCATION 660' FNL & 1980' FWL, Section 4, T-8S, R-3E, Chaves County, New Mexico

Depth	Angle (Inclination 'degrees)	Displacement	Displacement Accumulated
416	1/4	1.8304	1.8304
900	1/4	2.1276	3.9580
1400	1/2	4.3100	8.2680
1492	1/2	0.8734	9.1414
1850	1/2	3.1146	12.2560
2359	1	8.2475	20.5035
2503	1	2.5000	23.0035
2938	1	7.6125	30.6160
3400	1 1/4	10.0710	40.6870
3900	1 1/4	10.9000	51.5870
3990	1	1.5750	53.1620

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company
 By: [Signature]
 Title: Drig. Supt.

Affidavit:

Before me, the undersigned authority, appeared Ken Pedrick known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

[Signature]
 (Affiant's Signature)

Sworn and subscribed to in my presence on this the 22nd day of October 19 75

My Comm. Expires 4.21.78

[Signature]
 Notary Public in and for the County of Lea, State of New Mexico

Seal

