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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**  
**Sundance Oil Company**  
**Address**  
**Drawer I, Artesia, New Mexico 88210**

**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)**  
**CASINGHEAD GAS MUST NOT BE**  
**PLACED IN THE 12/18/75**  
**WELL IN EXCEPTION TO B-4070**  
**IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Paye Federal</b>	Well No. <b>#5</b>	Pool Name, including Formation <b>Tom Tom</b>	Kind of Lease State, Federal or Foreign <b>Federal</b>	Lease No. <b>NM 13419</b>
Location Unit Letter <b>G</b> ; <b>1980</b> Feet From The <b>N</b> Line and <b>1980</b> Feet From The <b>E</b> Line of Section <b>4</b> Township <b>8</b> Range <b>31</b> , NMPM, <b>Chaves</b> 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"/> <b>KOCH Oil Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 2256, Wichita, Kansas 67201</b>
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 <b>G</b> Sec. <b>4</b> Twp. <b>8</b> Rge. <b>31</b>	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 Resv. _____	Diff. Resv. _____
Date Spudded <b>9-28-75</b>	Date Compl. Ready to Prod. <b>10-18-75</b>	Total Depth <b>4025</b>	P.B.T.D. <b>4023</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4278.5'GR</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>3849</b>	Tubing Depth <b>3873</b>					
Perforations <b>3849-50-51-55-56-57-58-60-64-66</b>						Depth Casing Shoe <b>4049</b>		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4</b>	<b>8 5/8</b>	<b>405</b>	<b>200sx, circ. 20sx</b>					
<b>7 7/8</b>	<b>4 1/2</b>	<b>4049</b>	<b>100sx Class H, 300sx</b>					
	<b>2 3/8</b>	<b>3873</b>	<b>HOWCO Lite</b>					

**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 <b>10-18-75</b>	Date of Test <b>10-18-75</b>	Producing Method (Flow, pump, gas lift, etc.) <b>P 2" x 1 1/2" x 12' Traveling Plunger</b>	
Length of Test <b>24</b>	Tubing Pressure _____	Casing Pressure _____	Choke Size _____
Actual Prod. During Test <b>98</b>	Oil-Bbls. <b>98</b>	Water-Bbls. <b>00</b>	Gas-MCF _____

**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.

**W. P. Morgan**  
(Signature)  
**Supt. Permian Basin Area**  
(Title)  
**10-20-75**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Jerry Lester**

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1135.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the production tests taken on the well in accordance with RULE 114.  
 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.