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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)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE PRODUCED AFTER 3/1/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Paye Federal	Well No. 9	Pool Name, including Formation Tom Tom State	Kind of Lease State, Federal or Fee Federal	Lease No. NM13419
Location Unit Letter I 1980 Feet From The S Line and 660 Feet From The E Line of Section 4 Township 8 Range 31 , 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"/> Koch Oil Company	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	Sec.
	Twp.	Pge.
	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't	Diff. Res't
Date Spudded 10-27-75	Date Compl. Ready to Prod. 12-10-75	Total Depth 4010	P.B.T.D. 4000					
Elevations (DF, RKB, RT, GR, etc.) 4285'GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3859	Tubing Depth 3781					
Perforations 3859-60-61-62-64-65-66-68-69-71-72-73-74			Depth Casing Shoe 4010					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2		DEPTH SET 404.28 4027		SACKS CEMENT 200sx Class C cement 250sx Class C cement			

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 tap allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-10-75	Date of Test 12-10-75	Producing Method (Flow, pump, gas lift, etc.) P 2" x 1 1/2" x 12' Traveling Plunger	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 33	Oil-Bbls. 13	Water-Bbls. 20	Gas-MCF 5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (kns/c-in)	Casing Pressure (kns/c-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

1-6-76

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Harry Sullivan**
TITLE **SE**

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 formation 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 change of owner, well name or number, or transporter, or other such change of condition.

INCLINATION REPORT

OPERATOR Sundance Oil Company ADDRESS P. O. Drawer I, Artesia, New Mexico 88210LEASE Paye Federal WELL NO. 9 FIELD _____LOCATION _____ Chaves County, New Mexico

Depth	Angle (Inclination 'degrees)	Displacement	Displacement Accumulated
414	1/4	1.8216	1.8216
909	1/4	2.1780	3.9996
1372	1/2	4.0281	8.0277
1748	1/2	3.2712	11.2989
1926	1/2	1.5486	12.8475
2425	1/2	4.3413	17.1888
2820	1/4	1.7380	18.9268
3295	1	8.3125	27.2393
3645	1	6.1250	33.3643
3785	1	2.4500	35.8143
4010	1	3.9375	39.7518

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: *Ken Hedrick*
 Title: Drlg. Supt.

Affidavit:

Before me, the undersigned authority, appeared KEN HEDRICK 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.

Ken Hedrick
 (Affiant's Signature)

Sworn and subscribed to in my presence on this the 27th day of _____

December 19 75

MY COMMISSION EXPIRES 3-1-76

Jerry L. Duprick
 Notary Public in and for the County
 of Lea, State of New Mexico

Seal