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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)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain): **CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 2/10/76  
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 <b>Paye Federal</b>	Well No. <b>#10</b>	Pool Name, including Formation <b>Tom Tom San Andres</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>NM13419</b>
Location Unit Letter <b>J</b> ; <b>1980</b> Feet From The <b>S</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 Company</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>4</b>	Sec. <b>8</b>	Twp. <b>31</b>	Rge. <b>31</b>	Is gas actually connected? <b>no</b>	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	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Date Spudded <b>10-17-75</b>	Date Compl. Ready to Prod. <b>12-10-75</b>		Total Depth <b>3990</b>		P.B.T.D. <b>3970</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4275'GR</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>3838</b>		Tubing Depth <b>3892</b>			
Perforations <b>3838-39-45-46-47-48-49-50-51-59-60-65-66-70</b>					Depth Casing Shoe <b>3990</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>12 1/4</b> <b>7 7/8</b>	CASING & TUBING SIZE <b>8 5/8</b> <b>4 1/2</b>		DEPTH SET <b>412.23</b> <b>4005'KB</b>		SACKS CEMENT <b>200sx Class C cement</b> <b>200sx BOWCO Lite +</b> <b>100sx Class C cement</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>12-10-75</b>	Date of Test <b>12-10-75</b>	Producing Method (Flow, pump, gas lift, etc.) <b>P 2" x 1 1/4" x 12' Traveling Plunger</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>60</b>	Oil-Bbls. <b>60</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>22</b>

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.

*M. D. Morgan*  
(Signature)  
**Supt. Permian Basin Area**

(Title)  
**12-15-75**

(Date)

OIL CONSERVATION COMMISSION

APPROVED *DEC 22 1975*, 19\_\_\_\_\_  
BY *Gregory S. Kuyper*  
**SUPERVISOR DISTRICT I**  
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.

# INCLINATION REPORT

OPERATOR Sundance Oil Company ADDRESS P. O. Drawer I, Artesia, New Mexico 88210  
 LEASE Paye Federal WELL NO. 10 FIELD \_\_\_\_\_  
 LOCATION \_\_\_\_\_ Chaves County, New Mexico

Depth	Angle (Inclination 'degrees)	Displacement	Displacement Accumulated
424	1/4	1.8656	1.8656
900	1/4	2.0944	3.9600
1369	1/2	4.0803	8.0403
1869	1/2	4.3500	12.3903
1914	1/2	0.3915	12.7818
2300	1/2	3.3582	16.1400
2678	3/4	4.9518	21.0918
3198	1	9.1000	30.1918
3860	1	11.5850	41.7768
3990	1	2.2750	44.0518

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: \_\_\_\_\_

Title: Drig. 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 10th day of \_\_\_\_\_

December 19 75

MY COMMISSION EXPIRES 3-1-76

James L. Myrick  
Notary Public in and for the County  
of Lea, State of New Mexico

Seal