1	NO, OF COPIES REC	EIVED							
	DISTRIBUTION								
	SANTA FE								
į	FILE								
	U.S.G.S.								
	LAND OFFICE								
	TRANSPORTER	OIL							
		GAS		L					
	OPERATOR								
1.	PRORATION OF								
	Operator								
	Sundance Oil Company								
	Address		•						
	Suite 510. Reason(s) for filing	1 <u>776 </u>	_inc	0:					
	Reason(s) for filing	(Check p	roper	bo					

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SANTA FE FILE			REQUEST				FOR AL	LOWABLE,		Effective 1-	Form C-104 Supersedes Old C-104 and C-1; Effective 1-1-65		
U.S.G.S.				AUTHO)RIZA	TION	TO TRA	ANSPOR	T OIL AND	NATURAL	GAS		
TRANSPORTER	OIL									-			
	GAS		_										
PROBATION OFF	ICE		-										
Operator									 				
Sundance Oi		J							· · · · · · · · · · · · · · · · · · ·				
Suite 510. Reason(s) for filing (t., Dei	iver.	_CO	8020	3	Other (Pleas	e explain)			
New Well			,	Change is	Tronsp	orter of	l:				•		
Recompletion Oil Dry Ga Change in Ownership Casinghead Gas Conder								===	and and and				
If change of owners and address of prev													
DESCRIPTION O	F WEL	L ANI	D LEA	SF. Well No.	Pool N	ame, In	cluding F	ormation .		Kind of Leas		Lease No.	
Oakason Fede	eral_			4	Iom	Tom.	San /	Andres		State, Federa	lorFee Federal	15 015	
Unit Letter	_K	:1	980	_Feet Fro	m The_	Sou	ith Lin	ie and	1980	Feet From	The West		
Line of Section	33	т	iderwo'	p 79	3	Ro	ange	31E	, NMPA	4, Ch	aves	County	
DESIGNATION OF Name of Authorized					AND Nondensa		RAL GA		(Cive address	to which appro	ved copy of this form is	to be sent)	
Name of Authorized	Transport	er of C	Casingh	ad Gas 😿	d or l	Dry Gas	5 []	Address	(Give address	to which appro	ved copy of this form is	to be sent)	
Cities Servi					•		_	ł	Box 300.				
If well produces oil	or liquida		Uni	•	•	,	P.ge.		stually connect	ed? Wh	en		
if this production is	commin	agled v	N vith the	33 at from an			;31E or pool,	Yes give com	mingling orde		/28/79		
COMPLETION DA			•		ll Well	Ga	ıs Well	New Wel	1 Workover	Deepen	Plug Back Same H	es'v. Dul. Res'v.	
Designate Typ	e of Co	mplet							1	<u> </u>	i i		
Date Spudded			Date	e Compl. R	eady to	Prod.		Total De	pth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)		Nan	Name of Producing Formation			Top Otl/Gas Pay			Tubing Depth				
Perforations	1										Depth Casing Shoe		
								CEMEN	TING RECOF		SACKS OF	145.17	
HOLE	SIZE			CASING	& TUE	ING S	IZE	 	DEPTH S	<u>ET</u>	SACKS CE	MENT !	
											-		
TEST DATA AND	REQU	EST :	FOR A	LLOWA	BLE				ry of total volu or full 24 hours		and must be equal to or	exceed top allow-	
Date First New Oil F	lun To To	ank s	Date	of Test				Preducin	g Method (Flot	v, pump, gas li	(t, etc.)		
Longth of Test			Tub	ing Pressu	ure.			Casing F	reasus		Choke Size		
Actual Prod. During	Test		Oil-	Bbls.				Water - B	bls.		Gas-MCF		
					- 1			· · · · · · ·	•				
GAS WELL Actual Prod. Test-M	CEA		1	gth of Tes				BNI- C	ndensate/MMC	r	Gravity of Condensat		
Actual Pied, 1481-N	CF/D		Lan	jin ot 168	•			Bb.s. Co	Managaray NIMC	r	didvity of Condensati		
Testing Mathod (pito	i, back p	r.)	Tub	ing Pressu	10 (Sim	t-in)		Casing F	ressure (Shut	-in)	Choke Size		
CERTIFICATE O	F COM	PLIA	NCE			, ,	· ··			CONSERVA	TION COMMISSION OF THE	N	
hereby cortify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given													
bove is true and complete to the best of my knowledge and belief.						BY Derry Sexton							
1	1		\sim	1			•	TITLE	<u> </u>	Dist 1. Sup	·		
	/_	$\int I$	//	Hi	71	<u> </u>					compliance with RUL		
	all.	1 (1)	11/	R.G.	Dimit			li wall t	his form mus	t ba accompa	able for a newly dril nied by a tabulation	of the Cuviation	
Vice Preside	nt, P				VIIII (_	tonts	aken on the	well in accor	dance with AULE 1	11.	
			ritle)					able o	n now and re	completed we			
_June 19, 197	y							F	ill out only	Sections I. II	, III, and VI for chi	inges of owner,	

(Date)

able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.