

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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-11
Effective 1-1-65

I.

Operator SUNDANCE OIL COMPANY		
Address Suite 510, 1776 Lincoln St., Denver, CO 80203		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FILED AFTER 8/17/78 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DECLARATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Oakason Federal "B"	Well No. 1	Pool Name, Including Formation Tom Tom, San Andres R-5781	Kind of Lease State, Federal or Fee Federal	Lease No. 15015-B
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 33 Township 7S Range 31E , 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) P.O. Box 1158, Breckenridge, TX 76024					
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 N	Sec. 33	Twp. 7S	Rge. 31E	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'v.	Diff. Res'v.
Date Spudded 5/27/78	Date Compl. Ready to Prod. 6/21/78	Total Depth 3993		P.B.T.D. 3990					
Elevations (DF, RKB, RT, GR, etc.) 4292 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 3831		Tubing Depth 3965					
Perforations 3831-35; 3837-41; 3855-61; 3872-74; 3877-80; 3884-90; 3895-99		Depth Casing Shoe 3993							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		1465		600 SX				
7 5/8	4 1/2		3993		300 SX				

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)

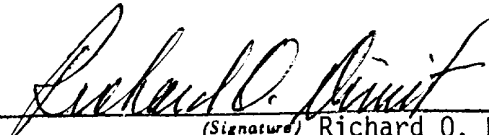
Date First New Oil Run To Tanks 6/17/78	Date of Test 6/21/78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 80	Casing Pressure 775	Choke Size 24/64"
Actual Prod. During Test 208 bbls.	Oil-Bbls. 206	Water-Bbls. 2	Gas-MCF 90

GAS WELL

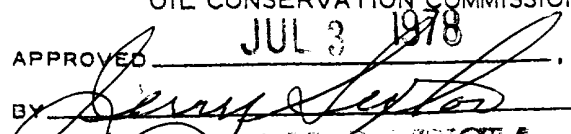
Actual Prod. Test-MCF/D N/A	Length of Test N/A	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (pilot, back pr.) N/A	Tubing Pressure (Shut-in) N/A	Casing Pressure (Shut-in) N/A	Choke Size N/A

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.


(Signature) Richard O. Dimit
Vice President, Production
(Title)
June 27, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 3 1978
BY 
TITLE SUPERVISOR DISTRICT I

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.

File

M S W Drilling Company

(806) 637-3159

P. O. Box 1294

Brownfield, Texas 79316

June 16, 1978

OAKASON FEDERAL UNIT NO. 5

DEVIATION SURVEY

588	3/4
1465	1
1999	1

Tool Pusher: Johnny Washburn

Johnny Washburn

M S W Drilling Company

Robert Kennedy

Subscribed and sworn before me this 16th day of June, 1978.

Sandra J. Dye
Notary Public in and for
Terry County, Texas

12/29/79
Commission Expires

