1.	UD. OF COPIES DECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Uperator SUNDANCE OIL EXPLOP Address 1675 Larimer St Reoson(s) for filing (Check proper box) New Well Recompletion Change in Ownership	REQUEST F AUTHORIZATION TO TRAP RATION COMPANY Suite 800 Denver	to Sundance Oil	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS Sundance Oil Company Exploration Company
	If change of ownership give name and address of previous owner			
.1.		Weil No. Pool Name, Including Fo 1-Y Tom-Tom, San A Feet From The North Line	Andres State, Føderal	
ч.		TER OF OIL AND NATURAL GA	s	
	Note of Authorized Transporter of Off The Permian Corporation Note of Authorized Transporter of Cas Cities Service Company If well produces off or liquids, give location of tanks.	or Condensate 🖂	Address (Give address to which approv P.O. Box 1183 Houston Address (Give address to which approv P.O. Box 300 Tulsa (Is gas actually connected? Whe Yes	Texas 77001 ed copy of this form is to be sent) Welahoma 74102
V. COUPLETION DATA				Pilg Back Same Restor D.H. Resty.
	Date Spudded	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.
	Elevations (DF, AKB, RT, GR, etc.,	Name of Producing Formation	Tep Cil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoo
		TUBHIG, CASING, AND	DEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must OIL, WELL (Children of the control of t			
	Date First New Cil Run To Tanks	Eute of Test	Preducing Mained (r 1000, pump, pus 11)	
	Length of Test	Tubing Prossure	Casing Pressue	Cheke Size
	Actual Pred. During Test	Oil-Bbis.	Water-Bole.	Gas - MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
	Testing Hethod (pitol, back pr.)	Tubing Prossure (Chut-in)	Casing Pressure (thut-in)	Choze Size
1	CERTIFICATE OF COMPLIAN	CF		TION COMMISSION
	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 beat of my knowledge and belief.		APPROVED AUG 1 4 1984	
			CRIGINAL SCHED BY JELEY SEATON	
			DISTRICT I SUPERVISOR	
	(Signerwe) Amarilis C. Vilches		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form much be accompanied by a tabulation of the deviation tosts taken on the well in accordance with RULE 111.	
		ile)	All sections of this form must be filled out completely for allow- able 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.	
	July 20, 1984	ute)		

RECEIVED AUG - 3 1984 C.C.D. ŧ

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