

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

Operator SUNDANCE OIL COMPANY	
Address Suite 510, 1776 Lincoln Street, Denver, CO 80203	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/10/78 UNLESS AN EXCEPTION TO R-4076 IS OBTAINED	

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Oakason Federal	Well No. 5	Pool Name, including Formation Tom Tom, San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. 15015-A
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>7S</u> Range <u>31E</u> , NMPM, <u>Chaves</u> County				

2. 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"/> N/A	Address (Give address to which approved copy of this form is to be sent) N/A	
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:

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't'v. <input type="checkbox"/>	Diff. Res't'v. <input type="checkbox"/>
Date Spudded 10/5/78	Date Compl. Ready to Prod. 11/13/78		Total Depth 4007		P.B.T.D. 3945			
Elevations (DF, RKB, RT, GR, etc.) 4279' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 3848		Tubing Depth 3866			
Perforations 3848-53', 3855-57', 3858-68'					Depth Casing Shoe 4007			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		1398'		450 SX			
7 7/8"	4 1/2"		4007'		300 SX			

4. 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)

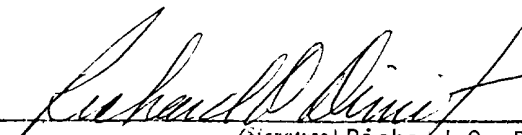
Date First New Oil Run To Tanks 11/10/78	Date of Test 11/12/78	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 184 bbls.	Oil-Bbls. 184	Water-Bbls. 0	Gas-MCF 32

GAS WELL

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

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.

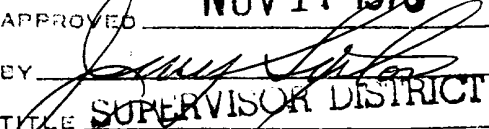

(Signature) Richard O. Dimit
Vice President, Production
(Title)

November 14, 1978

(Date)

OIL CONSERVATION COMMISSION

NOV 17 1978

APPROVED _____, 19____
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.



KENNETH D. REYNOLDS - ARTESIA
LESLIE K. EVERTSON - ROSWELL

DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS

P. O. Box 2055 ROSWELL, NEW MEXICO 88201
TELEPHONES: ARTESIA 505/746-6757
ROSWELL 505/623-5070

October 17, 1978

Sundance Oil Co.
1776 Lincoln St., Suite 510
Denver, Colorado 80204

Re: Oakson Fed. #5

Gentlemen:

The following is a Deviation Survey of the above well located
in Chaves County, New Mexico.

464' - 1/2°	2363' - 1°
776' - 1/2°	2828' - 1°
1025' - 3/4°	3323' - 1°
1398' - 3/4°	3519' - 1°
1895' - 1°	3996' - 1°
	4007' - 1° T.D.

Yours very truly,

WEK DRILLING CO., INC.

Arnold Newkirk
Arnold Newkirk

STATE OF NEW MEXICO)
COUNTY OF CHAVES)

The foregoing was acknowledged before me this 17th day
of October, 1978 by Arnold Newkirk.

My Commission Expires:

April 9, 1980

Glenda Bea Hewton
Notary Public