

NEW MEXICO OIL CONSERVATION COMMISSION	
REQUEST FOR ALLOWABLE	
AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
NAME OF OPERATOR	
DATE OF FILING	
FILE NO.	
U.S.C.R.	
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-101
Superseded by O.C.D. 1-1-70
Effective 3-1-60

I.

Operator	
SUN OIL COMPANY	
Address	
BOX 1861 MIDLAND, TEXAS	
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)	
THIS WELL HAS BEEN PLACED IN THE POOL DEDICATED TO POOL. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico "U" State	1	Tres Papalotes (Penn)	State, Federal or Fed State	L-3110
Location				
Unit Letter: D ; 660' Feet From The North Line and 660' Feet From The West				
Line of Section 34 Township 14-S Range 34-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Admiral Crude Corporation	P. O. Box 1713, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	34	14-S	34-E		

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	Gas Well	New Well	Workover	Deeper	Plug Back	Same Res't.	Diff. Res't.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-27-70	8-7-70	10,650	10,454					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4120' RKB, 4109 GL	Penn	10,394	10,336					
Perforations						Depth Casing Shoe		
10,410-33						10,650		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		425		400 sx. Circulated			
12 1/4	8 5/8		4512		900 sx.			
7 7/8	5 1/2		10650		300 sx. Top 9160 Temp.			
	2 3/8		10336					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

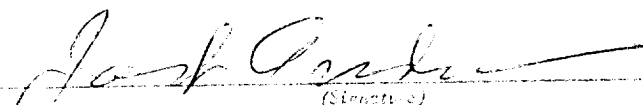
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-30-70	8-7-70	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
70	70	97	105

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pt.)	Tubing Pressure (lb./sq. in.)	Casing Pressure (lb./sq. 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.



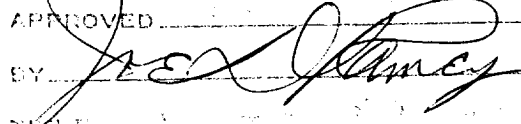
Jack Andrews District Engineer

August 12, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1970

BY 

TITLE _____

This form is to be filed in compliance with Rule 1103.

If this is a request for allowable for a newly drilled producing well, this form must be accompanied by a certification of the first tests taken on the well in accordance with Rule 1111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of operator, well name or number, or testing, etc., or other such change of data.

Separate Form C-101 must be filed for each pool in which recompleted wells.