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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		i	

	SANTA FE FILE		FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.  LAND OFFICE  TRANSPORTER OIL	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
OPERATOR EFFECTIVE 4-1-70					
I.	Operator		NAME CHANGA TO	ATOTOM.	
	SUN OIL COMPANY -	D <del>X Division</del>	SUN OIL COMPANY		
	l	swell, New Mexico 88201	13 av 2580 Ka	e ( a ) - J.	
	Reason(s) for filing (Check proper box		Other (Please explain)	15221	
	Recompletion	Change in Transporter of: Oil Dry Go	as XX		
	Change in Ownership	Casinghead Gas Conde	nsate		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Competion Vied of Competion		
		1 1 1	ormation Kind of Leas  Norrow Gas Poolstate, Feder		
	Location J 46	20 Feet From The South Lir	ne andFeet From	The East	
	Line of Section 2	wnship 16S Range	32E , NMPM, Le	a County	
111	DESIGNATION OF TRANSPOR	TED OF OUL AND MATTER AT CA			
***	Name of Authorized Transporter of Ot Shell Pipeline Com	oany	Box 1598, Hobbs, New	Mexico	
	Name of Authorized Transporter of Co Continental Oil Co	singhead Gas X or Dry Gas X	nead Gas X or Dry Gas X Address (Give address to which approved copy of this f P. O. Drawer 1267, Ponca City, Ok		
	If well produces oil or liquids,	Unit Sec. Twp. F.ge.	Is gas actually connected? Wh	nen	
	give location of tanks.	J 2 16S 32E	Yes	11/19/66	
IV.	If this production is commingled w. COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completi	on - (X) Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations	<del> </del>		Depth Casing Shoe	
		TUBING CASING AND	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil epith or be for full 24 hours	and must be equal to or exceed top allow-	
	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (i <sup>2</sup> low, pump, gas l	ifs, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bhla.	Water-Bbls.	Gas-MCF	
	' <del>-</del>	- <del></del>		<del></del>	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION 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 best of my knowledge and belief.			APPROVED	, 19	
			BY A	meg	
			TITLE UILL		
		•	This form is to be filed in		

above	is true and	complete to	ine best	or my	knowled	ige and bei	10
	,	;	• •		_		
	· · · · · ·		c cy		J. B.	Hille	
÷	Acting D	istrict	Signature) Enginee	r		-	
	3/9/70		(Title)		*		

(Date)

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. Separate Forms C-104 must be filed for each pool in multiply completed wells.