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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-110
Effective 1-1-65

Operator Sun Oil Company	
Address P. O. Box 1861, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒	
Other (Please explain) Effective 1-1-75	

If change of ownership give name and address of previous owner: Forest Oil Corp., Box 153, Odessa, Texas 79760

II. DESCRIPTION OF WELL AND LEASE

Lease Name B. Lee St.	Well No., P.O. Name, including Parish or 1 Vacuum Abo Reef	Kind of Lease State, Federal or Fee	State	Lease No.
Location				
Unit Letter F	1650	Feet From Top N.	2236	Feet From Top W.
Line of Section 7	Township 18-S	Range 35-E	County Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Name of Authorized Transporter of Oil, Gas or Dry Gas ☒ or Dry Gas ☐
Texas-New Mexico Pipe Line Co.	Box 1510, Midland, Texas 79701
Phillips Petroleum Company	Frank Phillips Bldg. Bartlesville, Ok. 74004
If well produces oil or liquids, give location of tanks.	Unit ☐ Sec. ☐ Twp. ☐ Range ☐ 1962

If this production is commingled with that from any other lease or pool, give commingling number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ Deepen ☐ Plug Back ☐ Same Res'tv. ☐ Diff. Res'tv. ☐		
Date Spudded	Date Compl. Ready to Prod.	Well Depth	P.B.T.D.
Elevations <i>TD, RT, GR, etc.</i>	Name of Producing Formation	Testing Depth	
Perforations		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

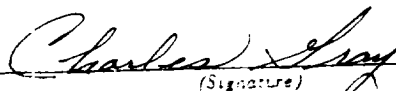
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-BBLs	Water-Bbls	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Sols. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.


(Signature)

Proration Analyst
(Title)

12-10-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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.

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