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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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)		Diner (Please explain)
New Well ☐	Change in Transporter of:	Effective 1-1-75
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐	

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. Lea St.	Well No. 3	Pool Name, including Formation Vacuum Abo Reef	Kind of Lease State, Federal or Free State	Lease No.
Location				
Unit Letter E	2319	Feet from Line N.	Line No. 918	Feet from The W.
Line of Section 7	Township 18-S	Range 35-E	County Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give reference to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Co.	Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give reference to which approved copy of this form is to be sent)
Phillips Petroleum Company	Frank Phillips Bldg, Bartlesville, Ok. 74004
If well produces oil or liquids, give location of tanks.	Unit Sect. Twp. Rge. Date first produced After
F 7 18S 35E	Yes 1962

If this production is commingled with that from any other lease or pool, it is commingled for purposes.

IV. COMPLETION DATA

Designate type of Completion - (X)	Oil well	Gas well	Water well	Other	Plug Back	Some Res'v.	Diff. Res'v.
Date Spudded	Date Comp. Ready to Prod.	Time		P.B.T.D.			
Elevations - (ft., RT, GR, etc.)	Name of Producing Formation			Tubing 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 density or be for full 24 hours)

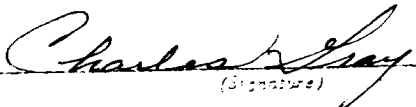
Date First New Oil Run To Tanks	Date of Test	Producing method (24 pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Actual Prod. Water/MCF	Gravity of Condensate
Testing Method (shot, back pr.)	Tubing Pressure (shot-10)	Casing Pressure (shot-10)	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.


Proration Analyst
12-10-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation logs 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, number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply