

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
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:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐
Other (Please explain) Effective 1-1-75	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name B. Lee State	Well No. 7	Form Name, including Formation Vacuum (G-SA)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter E	2119	Feet From The N	Line and 918	Feet From The W.
Line of Section 7	Township 18-S	Range 35-E	NE/4 Sec. 7, T18N, R35E, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Frank Phillips Bldg., Bartlesville, Ok. 74004					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 7	Twp. 18-S	Range 35-E	Yes	When 4-3-70

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	Steam Well	Water Well	Geopon	Plus Back	Same Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.	Test Depth			F.B.T.D.				
Elevations (G.F., F.B.S., RT, GR, etc.)	Name of Production Formation	Test Depth			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 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	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, 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.

Charles Gray
(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