

DISTRIBUTION			
SA	TA FE		
E			
G.S.			
D OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO EXPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
SONNY'S OIL FIELD SERVICES, INC.
Address
P. O. BOX 1438
HOBBS, NEW MEXICO 88240
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter ☐
Recompletion ☐ Oil ☐
Change in Ownership ☐ Casinghead Gas ☐
If change of ownership give name and address of previous owner _____


II. DESCRIPTION OF WELL AND LEASE
Lease Name **HOBBS STATE** Well No. **3** Pool Name **HOBBS SAN ANDRES** Kind of Lease **STATE** Lease No. _____
Location
Unit Letter **B** **990** Feet From The **N** **1830** Feet From The **E**
Line of Section **29** Township **18S** Range **38E** NMPM, **LEA** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ (Give address to which approved copy of this form is to be sent)
THE PERMIAN CORPORATION P. O. Box 838
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ (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. Are. ☐ Fully connected? When

If this production is commingled with that from any other lease or pool, give wellbore stringing order number: _____
IV. COMPLETION DATA
Designate Type of Completion - (X) ☐ Oil Well ☐ Gas Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v.
Date Spudded _____ Date Compl. Ready to Prod. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Gas Pay _____ 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 at least 24 hours of total volume of load oil and must be equal to or exceed top allowable for this lease or for full 24 hours)
Date First New Oil Run To Tanks _____ Date of Test _____ Method (Flow, pump, gas lift, etc.) _____
Length of Test _____ Tubing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil-Bbls. **800** _____ Gas-MCF _____

GAS WELL
Actual Prod. Test-MCF/D _____ Length of Test _____ Gas-MCF/MMCF _____ Gravity of Condensate _____
Testing Method (pitot, back pr.) _____ Tubing Pressure (shut-in) _____ 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.

PRESIDENT
5/3/75
(Signature) (Title) (Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
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 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, name or number, or transporter, or other such change of condition.