

DISTRIBUTION			
S/	T A F E		
F/	E		
	G.S.		
	D OFFICE		
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

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

I. Operator
Address **SONNY'S OIL FIELD SERVICES, INC.**
P. O. BOX 1438
Reason(s) for filing (Check proper box) **HOBBS, NEW MEXICO 88240**
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** **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

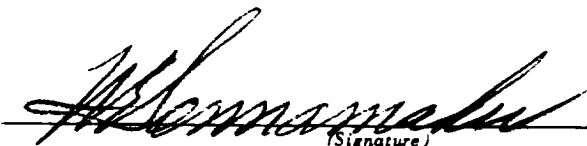
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ **The Permian Corp., Box 838, Hobbs**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. _____
If this production is commingled with that from any other lease or pool _____

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'ty. ☐ Diff. Res'ty.
Date Spudded _____ Date Compl. Ready to Prod. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____
Perforations _____
HOLE SIZE _____ TUBING, CASING, AND CEMENTING RECORD
CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be run for a minimum of total volume of lease oil and must be equal to or exceed top allowable for this well for a full 24 hours)
Date First New Oil Run To Tanks _____ Date of Test _____
Length of Test _____ Tubing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil-Bbls. **800** _____ Gas-MMCF _____

GAS WELL
Actual Prod. Test-MMCF/D _____ Length of Test _____
Testing Method (pitot, back pr.) _____ Tubing 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.
_____, 19____



PRESIDENT

2/20/73

(Date)

This form is to be filed in compliance with RULE 1104.
This is 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 allowables 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.

RECEIVED

FEB 21 1978

U.S. CONSERVATION COMMISSION
HOBBS, N. M.