

DISTRIBUTION			
SA	TA	FE	
FI	LE		
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 SERVICE, INC.	
Address	
P. O. Box 1438 Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
Other (Please explain, _____)	
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Block, etc.	Kind of Lease	Lease No.
Hobbs State	3	Hobbs San Andres	State, Federal or Fee	State
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 <input type="checkbox"/> or Condensate <input type="checkbox"/>	Give address to which approved copy of this form is to be sent)
The Permian Corp. Box 838 Hobbs	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.
	Range
	Section
	Block
	County
	State
	When

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	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						
Perforations							
TUBING, CASING, AND CEMENT RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL


Date First New Oil Run To Tanks	Date of Test	Volume of total volume of load oil and must be equal to or exceed top allow- able for this well (full 24 hours)
Length of Test	Tubing Pressure	Testing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Oil - Bbls.	Pressure
	700	Choke Size
		Gas - MCF

GAS WELL

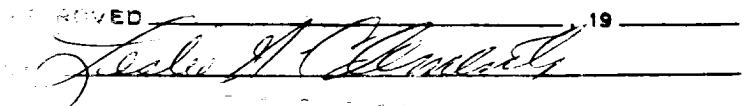
Actual Prod. Test - MCF/D	Length of Test	Pressure/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Pressure (Shut-in)	Choke Size

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.

  
(Signature)  
President  
(Title)  
11/20/74  
(Date)

OIL CONSERVATION COMMISSION

RECEIVED  
  
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 logs taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allow-  
able 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.