

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

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I.

Operator Sun Oil Company	
Address P. O. Box 1861, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	C-104 submitted (Downhole Commingling) to record East Lusk-Bone Springs Pool
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shearn Federal Com.	Well No. 1	Pool Name, including Formation East Lusk-Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 63530
Location				
Unit Letter L	360	Feet From The W Line and 1980	Feet From The S	
Line of Section 15	Township 19S	Range 32E	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	Frank Phillips Bldg., Bartlesville, Okla. 74004					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 15	Twp. 19S	Rge. 32E	Is gas actually connected? Yes	When Oct., 1973

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
6-15-76	8-10-76	14,330	13,030					X
Elevations (DF, RKB, RT, GR, etc.) RKB 3638	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 7285'	Tubing Depth 10,826	Depth Casing Shoe 13,342				
Perforations 9832, 34, 36, 38, 40, 42, 44, 46, 50, 60, 62, 64, 66, 68								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	16"	330	450					
15	13-3/8	2682.55	1000					
12-1/4	9-5/8	7353.33	775					
8-1/2	7-5/8" liner	7,040 to 13,342	900					

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)

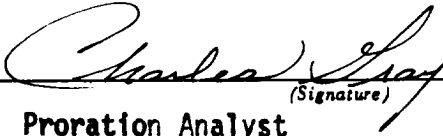
Date First New Oil Run To Tanks 8-12-76	Date of Test 8-17-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 30	Casing Pressure 30	Choke Size 2"
Actual Prod. During Test -	Oil - Bbls. 2.6	Water - Bbls. 10	Gas - MCF 1.1

GAS WELL

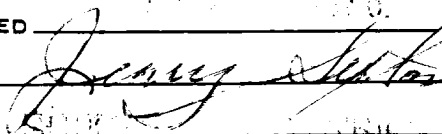
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


Proration Analyst
(Title)
10-27-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____
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 multiple

RECEIVED
OCT 23 1976
OIL CONSERVATION COMM.
HOBBS, N. M.