

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.U.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator Sun Oil Company (Delaware)	
Address P. O. Box 30, Room 3017, Dallas, Texas 75221	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Special -
Recompletion <input type="checkbox"/>	Approval to transport 100 barrels condensate produced during completion testing.
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 \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Pennzoil Federal Com.	Well No. 1	Pool Name, Including Formation Undesignated La Roca Morrow Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM12277
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>1780</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>18S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	P. O. Box 1183, Houston, Texas 77001
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)
not known	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>J</u> Sec. <u>29</u> Twp. <u>18S</u> Rge. <u>34E</u>	No <u>±90</u> days

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8/27/80	Date Compl. Ready to Prod. 1/05/81	Total Depth 13694		P.B.T.D. 13644				
Elevations (DF, RKB, RT, GR, etc.) 3970 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 13388		Tubing Depth 13300				
Perforations 13388'-13400'				Depth Casing Shoe 13644				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	353	300
11	8-5/8	5198	1800
7-7/8	5½	13644	925
	2-7/8	13300	-

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 840	Length of Test 24	Bbls. Condensate/MMCF 50	Gravity of Condensate 47.9
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 4000	Casing Pressure (Shut-in) 1100	Choke Size 16/64

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D. R. AUTRY (Signature)  
Staff Professional Operations Engineer (Title)

January 16, 1981 (Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
Only Signed By  
JERRY SEXTON  
TITLE \_\_\_\_\_  
District Rep.

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 completed wells.