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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes Old C-101 and C-1
Effective 1-1-65

Operator Sun Oil Company	
Address P. O. Box 1861 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	To change the name of the lease from M. Caylor to C. S. Caylor, Sr. Estate
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter oil ☐	
Oil ☐	
Casinghead Gas ☐	
Dry Gas ☐	
Condensate ☐	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name C. S. Caylor, Sr. Estate	Well No. 3	Pool Name, including Formation Lovington ABO	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter D ; 660 Feet From The North Line and 665 Feet From The West Line of Section 6 Township 17S Range 37E , NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ TEXAS NEW MEXICO PIPE LINE	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, MIDLAND, TEXAS 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE, OKLAHOMA 74004	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

III. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

IV. 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.

OIL CONSERVATION COMMISSION

APPROVED OCT - 5 1979, 19

BY Jerry Sexton
Dist. 1, Sup.

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 deviate 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 change of owner, well name or number, or transporter, or other such change of condition.

Accounting Assistant

October 1, 1979