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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
HOBBS OFFICE O. C. C.
DEC 9 11 47 AM '66

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

I.

Operator Sun Oil Company	
Address P. O. Box 2792, Odessa, Texas 79760	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <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 W. B. Maveety	Well No. 7	Pool Name, Including Formation Monument-Grayburg Dolomite	Kind of Lease State, Federal or Fee Fee	Lease No. 8247
Location				
Unit Letter G ; 2310 Feet From The North Line and 1650 Feet From The East				
Line of Section 35 Township 19S Range 36E , NMPM, 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"/> 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					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petr. Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 35	Twp. 19	Rge. 36	Is gas actually connected? Yes	When 11-29-66

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.
Date Spudded 10-29-66	Date Compl. Ready to Prod. 11-30-66		Total Depth 4100		P.B.T.D. 3936			
Elevations (DF, RKB, RT, GR, etc.) KB 3612, DF 3611, GR 3603	Name of Producing Formation Grayburg Dolomite		Top Oil/Gas Pay 3816		Tubing Depth 3910			
Perforations 3862,64,80,82,83,85,86,91½,94, 3902,3,4,8,10,14 w/1 JSPP					Depth Casing Shoe 4080			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12½	8-5/8		353		200			
7-7/8	4-1/2		4100		454			
	2-3/8		3910					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of loud 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 11-11-66	Date of Test 12-3-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 11 SPM	Casing Pressure 42" Stroke	Choke Size -
Actual Prod. During Test 56.56	Oil-Bbls. 47.56	Water-Bbls. 9.00	Gas-MCF 14.2

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.

JEEdam
(Signature)
Area Supt.
(Title)
12-6-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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 multiply completed wells.

10.10.10

11.11.11