AREA
PRORATION UNIT
POOL OR FIELD
TRANSPORTER: OIL / GAS
OPERATOR
PRODUCING FORMATION
LEASE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

Address: P O Box 669 Eunice, N.M. 88231

Reason(s) for filing (Check proper box)
New Well
Recompletion
Change of Operator
Change in Transporter of: Oil / Dry Gas / Casinghead Gas / Condensate
Other (Please explain): Name change from Amerada Hess Corporation to Sunshine No. 1

Change of operator give name and address of previous operator

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool, Including Formation	Kind of Lease	Lease No.
Eunice Monument Unit	126	Eunice Monument	State or Federal or Fee	Fee

Unit Letter M, 660 Feet From The South Line and 660 Feet From The West
Line of Section 30, Township 20-S, Range 37-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Shell Pipe Line Company
Address (Give address to which approved copy of this form is to be sent): Box 1910, Midland, Tx 79701
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): 4001 Dubrook, Odessa Tx 79761

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	M	30	20S	37E	Yes	Unknown

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 Reservoir	Diff. Reservoir

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, 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

TEST DATA AND REQUEST FOR ALLOWABLE

(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/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

R L Pitre
(Signature)
AREA ENGINEER
(Title)
1-16-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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 only Sections I, II, III, and VI for changes of operator, well name or number, or transporter, or other such change of condition.