

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

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND**

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Sun Oil Company

Address
P.O. Box 1861, Midland, Tx. 79702

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Change from V. Linam #3 Oil classification
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	to Linam Hardy #1-C Gas classification
	Dry Gas <input type="checkbox"/>	(name change due to acreage dedication)
	Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Linam Hardy Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Blinebry Gas</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>					
Line of Section <u>29</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County					

III. 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)
<u>Texas New Mexico Pipe Line Co.</u>	<u>P.O. Box 1510 Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Northern Natural Gas</u>	<u>P.O. Box 3316 Midland, TX 79702</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>29 21S 37E</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded <u>5-23-53</u>	Date Compl. Ready to Prod. <u>6-19-53</u>	Total Depth <u>7941'</u>	P.B.T.D. <u>6965'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3470 GR</u>	Name of Producing Formation <u>Blinebry</u>	Top Oil/Gas Pay <u>7210'</u>	Tubing Depth <u>6000</u>					
Perforations <u>5600-5957</u>	Depth Casing Shoe <u>N/A</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/4</u>	<u>13 3/8" 72#</u>	<u>315</u>	<u>300 SXS</u>
<u>12</u>	<u>9 5/8" 32#</u>	<u>2350</u>	<u>2000 SXS</u>
<u>7 7/8</u>	<u>5 1/2" 15.5#&17#</u>	<u>7382</u>	<u>500 SXS</u>
	<u>2 1/16" 3.25#</u>	<u>6000</u>	

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	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 <u>219</u>	Length of Test <u>24 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <u>Pumping</u>	Tubing Pressure (Shut-in) <u>54</u>	Casing Pressure (Shut-in)	Choke Size <u>2"</u>

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.

De Ann Lamb
(Signature)
Accounting Asst. II
(Title)
2-23-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 3 1982, 19____

BY JERRY ORIGINAL SIGNED 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

M/P

RECEIVED

FEB 26 1982

HOUSE OFFICE