

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  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Sun Oil Company			
Address P.O. Box 1861, Midland, Tx. 79702			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Change from V. Linam #3 Oil classification	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	to Linam Hardy #1-C Gas classification	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	(name change due to acreage dedication)	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Linam Hardy <i>Com</i>	Well No. 1	Pool Name, including Formation Blinebry Gas	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)					
Texas New Mexico Pipe Line Co.	P.O. Box 1510 Midland, TX 79702					
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)					
Northern Natural Gas	P.O. Box 3316 Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	29	21S	37E			

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 5-23-53	Date Compl. Ready to Prod. 6-19-53		Total Depth 7941'		P.B.T.D. 6965'			
Elevations (DF, RKB, RT, GR, etc.) 3470 GR	Name of Producing Formation Blinebry		Top Oil/Gas Pay 7210'		Tubing Depth 6000			
Perforations 5600-5957					Depth Casing Shoe N/A			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4	13 3/8" 72#		315		300 SXS			
12	9 5/8" 32#		2350		2000 SXS			
7 7/8	5 1/2" 15.5#&17#		7382		500 SXS			
	2 1/16" 3.25#		6000					

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

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 S. [unclear]  
TITLE [unclear]

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

U.S. HOUSE OFFICE