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

NEW MEXICO OIL CONSERVATION COM. 1104
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, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change name from Linam Hardy Com #1 A Tubb Gas Well
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

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

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name V. Linam	Well No. 3	State, Federal or Fee Fee	
Pool Name, including Formation Blinbry Oil & Gas			
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>21S</u> Range <u>37E</u> , NMPM, Lea County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐ or Condensate ☐		Box 1510, Midland, Texas 79702	
Texas-New Mexico Pipe Line Co.		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		Box 3316, Midland, Texas 79702	
Northern Natural Gas			
If well produces oil or liquids, give location of tanks.	Unit 29	Sec. 21S	Twp. 37E
			Pge. 37E
			Is gas actually connected? Yes
			When

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Designate Type of Completion - (X)									
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

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		Dbls. Condensate/MCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test				
Testing Method (flow, 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.	
<u>Leresa Bradley</u> (Signature) Accounting Assistant (Title) 6-18-80 (Date)	

OIL CONSERVATION COMMISSION	
JUN 20 1980	
APPROVED _____	10 _____
Orig. Signed by JERRY SEXTON Dist 1, Supv.	
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 translation of the device tests taken on the well in accordance with RULE 1104.	
All portions of this form must be filled out completely for all wells 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.	