DISTRIBUTION			
ANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
FILE	REQUES	REQUEST FOR ALLOWABLE  Supersedes Old C-104 and Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TE	AND	· · ·
LAND OFFICE	AOTHORIZATION TO TH	RANSPORT OIL AND NATURAL	GAS
TRANSPORTER OIL	<del>-</del>		
GAS			
OPERATOR	7		
1. PRORATION OFFICE		v	
Operator			
SUN OIL COMPANY			
Address			
P.O. Box 1861, Midla	nd, TX 79702		
Reason(s) for filing (Check proper bo	x)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry (	Gas [	
Change in Ownership X	Casinghead Gas Cond	ensate	
If change of ownership give name			
and address of previous owner	SUN TEXAS COMPANY, P.	O. Box 4067, Midland, TX	79704
II. DESCRIPTION OF WELL AND Lease Name	LEASE   Weil No.   Pool Name, Including	Formation   Kind of Leas	5e
State "A" A/C-2	31 South Eunice	1	al or Fee State NM 2A
Unit Letter F : 19	80 Feet From The North	ine and 1980 Feet From	The West
Line of Section 9 To	wnship 22-S Range	0.5 5	ea
II. DESIGNATION OF TRANSPOR	TER OF OH AND NATURAL C		County
Name of Authorized Transporter of Oi.	or Condensate	Address (Give address to which appro	and completely for
Texas-New Mexico Pin			
Texas-New Mexico Pip	singhead Gas 🔀 or Dry Gas	P.O. Box 1510- Midland, TX 79701  Address (Give address to which approved copy of this form is to be sent)	
Phillips Pipeline		Phillips Bldg. Rm. 71	
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Wh	
give location of tanks.	B 9 22 36	Yes	4-13-73
If this production is committed wi	<del></del>	<del></del>	4-13-73
If this production is commingled wi	in that from any other lease or pool,	, give commingling order number:	·
D	Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Resty
Designate Type of Completion	$\operatorname{on} - (X)$		the state of the s
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
			, , , , , , , , , , , , , , , , , , , ,
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			OXCING CEMENT
. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be o	after recovery of total volume of load oil	and much he are all an
OIL WELL	able for this d	epth or be for full 24 hours)	und must be equal to or exceed top allow
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cil-Bbis.	Water-Bbls.	Gas-MCF
			•
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
7			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			1
. CERTIFICATE OF COMPLIANC	Œ	OIL CONSERVA	TION COMMISSION
		1111	
1 banks a see a		APPROVED JUL 211	101
i nereby certify that the rules and re	guiations of the Oil Conservation	····· ((0 + 25	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
I hereby certify that the rules and re- Commission have been complied w above is true and complete to the	ith and that the information given	BYSigns	

This form is to be filed in compliance with RULE 1104.

Dist 1, Super

TITLE .

(Signature)

(Title)

(Date)

Production/Proration Supervisor

July 1, 1981

If this is a request for sllowable 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. Senerate Forms C-104 must be filed for each root in multinly