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DISTRIBUTION SANTA FE	NEW MEXICO OIL CO	INSERVATION C AISSION	Form C-104 Supersedes Old C-104 and C-1
FILE		AND	Effective 1-1-65
J.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GAS	5
LAND OFFICE			
IRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
SUN_OIL_COMPANY			
Address	d TV 70702		
P.O. Box 1861, Midlan Reason(s) for filing (Check proper box)	ld, 17 79702	Other (Please explain)	
New We!1	Change in Transporter of:		
Recompletion	Oil Dry Gas	· []	
Change in Ownership X	Casingheari Gas Condens	sate	
f change of ownership give name and address of previous owner	SUN TEXAS COMPANY, P.O.	Box 4067, Midland, TX 7	9704
DESCRIPTION OF WELL AND I	FASE		
Lease Name	Well No. Poor Name, including re	<b>1</b>	rFee State NM 2A
State "A" A/C-2	57 S. Eunice 7-Rw	r. Queen State, Federal o	THE STATE INTERN
Unit Letter G : 1980	Feet From The North Line	e and 1980 Feet From Th	e East
Line of Section 9 Tow	mship 22-S Range	36-Е , ммрм,	Lea Count
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.s	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	
Texas New Mexico Pipeline		P.O. Box 1510, Midland Address (Give address to which approve	d copy of this form is to be sent
1		Phillips Bldg. Rm.711-0	
Phillips Pipeline		Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	B 9 22 36	Yes 4	-13-73
	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			Plug Back   Same Resty. Diff. Re
Designate Type of Completic	$\operatorname{Oil} \operatorname{Well}$ Gas Well	New Well Worksver Beeber	1
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		,	
TEST DATA AND REQUEST F	OP ALLOWARIE (Test must be	after recovery of total volume of load oil a	nd must be equal to or exceed top a
OIL WELL	able for this d	lepth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Eaudin of rear			Gas - MCF
Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gds-MGr
I			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	wongth of root		
Testing Method (pitot, back pr.)	Tubing Pressurs (Shut-in)	Coming Pressure (Shut-in)	Choke Size
OFFICE AND OF COURT 14	VCE.	OIL CONSERVATION COMMISSION	
. CERTIFICATE OF COMPLIAN	CE	11	<u> </u>
I hereby consider that the rules and	regulations of the Oil Conservation	n   AFFROVED	
	with and that the iniothallon gives		rod sty
above is true and complete to the best of my knowledge and belief.		BY	

The L. Supe.

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 KULE 111.

TITLE .

(Signature)
Production/Proration Supervisor

July 1, 1981

(Title)

(Date)

All sections of this form must be filled out completely for allow able 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.

Secrete Forms C-104 must be filed for each root in multiple