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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
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 in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☒ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Della B. Boren	Well No. 3	Pool Name, including Formation Eunice, 7 Rivers Queen, South	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line of Section 20 Township 22S Range 36E, NMPM, Lea County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Ashland Exploration, Inc.	P.O. Box 1503, Houston, Tx 77001					
If well produces oil or liquids, give location of tanks.	Unit B	Soc. 20	Twp. 22S	Rge. 36E	Is gas actually connected? Yes	When 11-19-77

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

II. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-in Rest.	Full Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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		SACKS CEMENT					

III. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IV. 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.


(Signature)

Office Assistant

(Title)

12-2-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED

Orig. Signed by

DEC 7 1977

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 logs 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.

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OIL CONSERVATION COMM.
HOBBS, N. M.