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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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-116
Effective 1-1-65

Operator Sun Oil Company		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11/18/77</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Address P. O. Box 1861 - Midland, TX 79702		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change In Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change In Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Other (Please explain) Request 1000 bbl. Testing Allowable.		

If change of ownership give name
and address of previous owner

II. 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	Lease No. Fee
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>22S</u> Range <u>36E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 838 - Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Ashland Chemical Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 158 - Eunice, N. M. 88231					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 20	Twp. 22S	Rge. 36E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 7-27-77	Date Compl. Ready to Prod. 9-18-77	Total Depth 4000	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 3561.6 GR, 3570.6 RDB	Name of Producing Formation 7 Rivers Queen	Top Oil/Gas Pay 3311	Tubing Depth 3950
Perforations 3762-82, 3801-10, 3817-30			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	450	425
8-3/4"	7"	4000	900
	2-7/8"	3950	

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 9-18-77	Date of Test 9-27-77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 35	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 46	Water-Bbls. 28	Gas-MCF 158.7

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Carson Muntzel
(Signature)
Office Assistant
(Title)
9-26-77
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 30 1977, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT 1

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.

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OCT 2 1977

OIL CONSERVATION COMM.
HOBBS, N. M.