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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
Effective 1-1-65

Operator
Sun Oil Company
Address
P. O. Box 1861 Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Downhole comingled with Drinkard
If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE
Lease Name State Land -15- Well No. 4 Pool Name, including Formation Tubb gas Kind of Lease State Lease -
Location
Unit Letter P ; 660 Feet From The East Line and 660 Feet From The South
Line of Section 16 Township 21S Range 37E , NMPM, Lea Count

II. 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)
Getty Oil Company Box 1137 Eunice, N. M. 88231
If well produces oil or liquids, give location of tanks. P 16 21S 37E Is gas actually connected? Yes When 12-77
If this production is comingled with that from any other lease or pool, give comingling order number: R-5588

III. COMPLETION DATA
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	SACKS CEMENT

IV. 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 all able 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 (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

I. 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 Muntel
(Signature)
Production Staff Associate
(Title)
8-16-79
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 20 1979, 19_____
BY Jerry Sexton
Orig. Signed by
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 tabulation of the deviate 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 re-completed 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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Operator
SUN OIL COMPANY

Address
P. O. Box 1861 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☐	
Change in Ownership	☐	Casinghead Gas	☒	Downhole comingled with tubb
		Dry Gas	☐	
		Condensate	☐	

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name State Land -15-	Well No. 4	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee State	Lease -
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Location
Unit Letter **P** ; **660** Feet From The **East** Line and **660** Feet From The **South**
Line of Section **16** Township **21S** Range **37E** , NMFM, **Lea** Co.

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1137 Eunice, N. M. 88231

If well produces oil or liquids, give location of tanks.	Unit P	Sec. 16	Twp. 21S	Rge. 37E	Is gas actually connected? Yes	When 12-77
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If this production is comingled with that from any other lease or pool, give comingling order number: **R-5588**

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv. Perf. R.
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	SACKS CEMENT

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 available for this depth or be for full 24 hours)

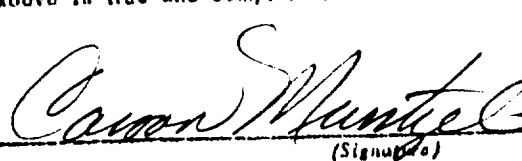
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.


(Signature)
Production Staff Associate
(Title)
8-16-79
(Date)

OIL CONSERVATION COMMISSION
AUG 20 1979
AUG 20 1979

APPROVED _____
BY **Jerry Sexton**
Dist 1, Supv.
TITLE _____

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