

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-110  
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I.

Operator <b>Sun Oil Company</b>	
Address <b>P. O. Box 1861, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transportation <input type="checkbox"/>
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) <b>Request for 1000 bbl test allowable</b>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Elliott "B"</b>	Well No. Pool Name, Including Formation <b>1 Blinebry Oil</b>	Kind of Lease State, Federal or Fee <b>Fed</b>	Lease No.
Location			
Unit Letter <b>D</b>	<b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b>		
Line of Section <b>20</b>	Township <b>21-S</b>	Range <b>37E</b>	County <b>Lea</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510, Midland, Texas 79701</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Skelly Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>1938 Nat'l Gas Bldg., Houston, Texas 77002</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>-</b>	Sec. <b>20</b>	Range <b>21S</b>
			Page <b>37E</b>
			Is gas actually connected? <b>Yes</b>
			When <b>NA</b>

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <b>7-13-65</b>		Total Depth <b>6635</b>		P.B.T.D. <b>NA</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3515 DF</b>	Name of Producing Formation <b>Blinebry</b>		Top Oil/Gas Pay <b>5754</b>		Tubing Depth <b>5714</b>			
Perforations <b>5754-5896</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/4"</b>	<b>13-3/8"</b>		<b>296</b>		<b>300</b>			
<b>12-1/4"</b>	<b>9-5/8"</b>		<b>2846</b>		<b>1,000</b>			
<b>8-5/8"</b>	<b>7"</b>		<b>6543</b>		<b>Calc. Top 3748'</b>			

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 <b>Not Applicable</b>	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 (pitot, 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.

**Charles Gray**  
(Signature)  
**Proration Analyst**  
(Title)  
**6-23-75**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **John W. Runyan**  
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 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.  
Separate Forms C-104 must be filed for each pool in multiple