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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-110
Effective 1-1-65

Operator SUN OIL COMPANY	
Address P. O. Box 1861, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Plug back to New Zone
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Land "15"	Well No. 6	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee State	Lease No. B-8105
Location				
Unit Letter 0	330	Feet From The S	Line and 1650	Feet From The E
Line of Section 16	Township 21-S	Range 37-E	, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Mobil Pipe Line Company	Box 900, Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Company	P. O. Box 1650, Tulsa 2, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 16	Twp. 21-S	Rge. 37-E	Is gas actually connected? Yes	When NA

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 checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Ditt. Res'v. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. 3-27-72		Total Depth 7300		P.B.T.D. 6658			
Elevations (DF, RKB, RT, GR, etc.) 3550 DF	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6440		Tubing Depth 6621			
Perforations 6490/6622					Depth Casing Shoe 7298			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1 1/2	2 1/2	7300	100
1 1/4	2 1/4	6440	100
1 1/8	2 1/8	6440	100

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 4-7-72	Date of Test 4-21-72	Producing Method (Flow, pump, gas lift, etc.) Pump 1-1/4 Insert	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Grv. 38° API	Oil-Bbls. 21.0	Water-Bbls. 6.0	Gas-MCF 95.6

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

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 Clerk
(Title)
4-24-72
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR 26 1972, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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 multiply completed wells.

RELEASED

APR 21 1972

OIL CONSERVATION DIV.
HOBBES, N. H.