

DISTRIBUTION
STATE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
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-105
 Effective 1-1-65

I. Operator
SUN OIL COMPANY
 Address
P.O. Box 1861, Midland, TX 79702
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinhead Gas Condensate
 Other (Please explain)

If change of ownership give name and address of previous owner **SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704**

II. DESCRIPTION OF WELL AND LEASE
 Lease Name **State "A" A/C-1** Well No. **69** Pool Name, including Formation **Langlie-Mattix 7 Rvrs. Q. Gryps** Kind of Lease **State, Federal or Fee State** Lease No.
 Location
 Unit Letter **P** ; **660** Feet From The **South** Line and **990** Feet From The **East**
 Line of Section **3** Township **23-S** Range **36-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Texas New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, TX
 Name of Authorized Transporter of Casinhead Gas or Dry Gas
El Paso Natural Gas Phillips Petroleum Address (Give address to which approved copy of this form is to be sent)
Box 6666, Odessa, TX
 If well produces oil or liquids, give location of tanks. Unit **P** Sec. **3** Twp. **23** Rge. **36** Is gas actually connected? **Yes** When **8-25-59**

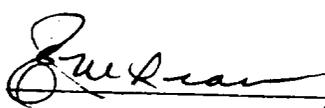
If this production is commingled with that from any other lease or pool, give commingling order number:
 IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ 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

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 _____ 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

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.


 Production/Proration Supervisor

 July 1, 1981

 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **JUL 28 1981**, 19____
 BY
 Jerry Sexton
 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