DISTRIBUTION ANTA FE		NEW MEXICO OIL CONSERVATION COMM JION Form REQUEST FOR ALLOWABLE Sud			
J.S.G.S.		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL (		Supersedes Old C-104 and C Effective 1-1-65	
LAND OFFICE		RANSPORT CIL AND NATUR	AL GAS		
GAS OPERATOR I. PRORATION OFFICE					
SUN OIL COMPANY					
Address P.O. Box 1861, Mid					
Reason(s) for filing (Check prop New We!1	Change in Transporter of:	Other (Please explain)			
Recompletion Change in Ownership X	Cil Dry Casinghead Gas Conc	Gits			
If change of ownership give n and address of previous owne	SUN TEXAS COMPANY, P.O.	Box 4067, Midland, TX			
I. DESCRIPTION OF WELL	AND LEASE				
State "A" A/C-1	41 Pool Name, Including	Formation ix 7 RVrs.Q.Gryb. State, F		NM 2A	
Unit Letter A	660 Feet From The North	ine and Feet F	East	J	
Line of Section 9	Township 23-S Pange	36-E , NMPM,	Lea	County	
I. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G	AS TA'd		•	
		Address (Give address to which a		•	
Name of Authorized Transporter		Address (Give address to which a	pproved copy of this form i	is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected?	When I		
If this production is commingle COMPLETION DATA	ed with that from any other lease or pool	, give commingling order number:			
Designate Type of Comp	Oil Well Gas Well Gas Well	New Well Workover Deeper	Plug Back Same F	ies'v. Diff. Res'	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	1 	
Elevations (DF, RKB, RT, GR, e	tc., Name of Producing Formation	Top Cli/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
	TUZING, CASING, AN	D CEMENTING RECORD			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CI	EMENT	
TEST DATA AND REQUES	able for this d	after recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to o	r exceed top allo	
Date First New Cil Run To Tank:	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Cil-Bois.	Water-Bbis.	Gas-MCF		
GAS WELL			1		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensat		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chake Size		
CERTIFICATE OF COMPLI	ANCE		VATION COMMISSIO	 DN	
I hereby certify that the rules a Commission have been compli	nd regulations of the Oil Conservation ed with and that the information given	APPROVED	-10 t		
above is true and complete to the best of my knowledge and belief.		BY Gate Signed By Jerry Sexten			
		TITLE			
Orthan		This form is to be filed i If this is a request for all	lowable for a newly drit	led or deenened	
Production/Proration	Signature) n Supervisor	well, this form must be accom tests taken on the well in ac	panied by a tabulation	of the deviatio-	
July 1, 1981	(Title)	All sections of this form able on new and recompleted	wells.	-	
	(Date)	Fill out only Sections I, well name or number, or transp	II. III, and VI for chan orter, or other such chan	ge of condition.	
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