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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

I.

Operator SUN OIL COMPANY		
Address P. O. Box 1861, Midland, TX 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	To correct previous pool name from Wantz Abo to Wantz Granite Wash
Recompletion <input checked="" 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"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name ANNIE CHRISTMAS	Well No. 1	Pool Name, including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter N	669	Feet From The South Line and 1986.4	Feet From The West	
Line of Section 1	Township 22-S	Range 37-E	NNPM, 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)			
Texas-New Mexico Pipe Line Company	Box 1510, Midland, Texas 79701			
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	Box 1650, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 1	Twp. 22S	Rge. 37E
				Is gas actually connected? Yes
If this production is commingled with that from any other lease or pool, give commingling order number:				

**EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
INTO GETTY OIL COMPANY.**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X				X			X
Date Spudded 7-3-73	Date Compl. Ready to Prod. 8-10-73		Total Depth 7398		P.B.T.D. 7369			
Elevations (DF, RKB, RT, GR, etc.) GR. 3348.7	Name of Producing Formation Granite Wash		Test Oil/Gas Pay 7278		Testing Depth 7254			
Perforations 7278-96					Depth Casing Shoe 7398			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7" Csg.	5" Liner		4960 to 7398'		200 sx Cl. "C"			
6-1/8" Hole - 5" Csg	2" Tbg		7254'		-			

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)

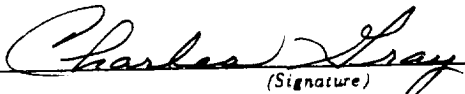
Date First New Oil Run To Tanks 8-10-73	Date of Test 8-21-73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 320#	Casing Pressure Pkr	Choke Size 16/64"
Actual Prod. During Test 194 BO	Oil - Bbls. 194	Water - Bbls. 2	Gas - MCF 189.4

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.


(Signature)
PRORATION CLERK
(Title)
9-17-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
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