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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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>
Request for Allowable	

If change of ownership give name and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

I. DESCRIPTION OF WELL AND LEASE

Lease Name Walter Lynch	Well No. 1	Pool Name, including Formation Wants Granite Wash	Kind of Lease R-4850	Lease No. -
Location				
Unit Letter K	1980	Feet From The West	Line and 1980	Feet From The South
Line of Section 1	Township 22S	Range 37E	N.M.P.M. Lea	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas - New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 114, Eunice, N.M. 88231	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 1
	Twp. 22S	Rge. 37E
	Is gas actually connected? yes	When 1955

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.

V. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Refracture
Date Spudded 4-26-74	Date Compl. Ready to Prod. 6-17-74	Total Depth 7525	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) DF 3368'	Name of Producing Formation Granite Wash	Top Oil/Gas Pay 7420	Tubing Depth 7523			
Perforations 7442-44			Depth Casing Shoe 7523			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/8"	326'	350 SX.
12"	9-5/8"	2848"	2500 SX.
8 1/4"	7"	5254'	350 SX.
8 1/4" & 7"	Liner 5"	Top 5122 Bot. 7523	200 SX.

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 6-13-74	Date of Test 7-7-74	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 500 psi.	Casing Pressure Pkr.	Choke Size 15/64"
Actual Prod. During Test 211.0 BOFD	Oil-Bbls. 211.0	Water-Bbls. 0	Gas-MCF 276.8

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
(Title)
7-8-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 multiply