	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST F	NSERVATION COMMISSIC OR ALLOWABLE AND ISPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
1.	IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Sun Oil Company Address	idland, Texas 79701			
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil I Dry Gas Casinghead Gas Condens	Other (Please explain) Re-establish all dual completion, ate		
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	mation Kind of Lease	Lease No.	
,	Lease Name		State, Federal o	_	
	Walter Lynch	2 Paddeck			
	Unit Letter L ; 198	Eeet From The South Line	and <u>660</u> Feet From The	e Nost	
	Line of Section Town	nship 22.8 Range	37 B , NMPM, LOS EFFECTIVE JANUARY		
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address Introducted in English Colling	PARTY this form is to be sent)	
	The Permian Corporation		P. 0. Box 1183, Houston, T. xas 77001 Address (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas.	inghead Gas 🚺 or Dry Gas 🦳	P. O. Box 114, Eunice,		
	Skelly Oil Cempany	Unit Sec. Twp. Rge.	Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	L 1 22 S 37 E	Tes	1955	
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio		X	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	6-22-74	8-14-74	71501	71107 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
	DF 33641 Perforations	Paddock	4896	Depth Casing Shoe	
		71501			
	<u></u>	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE		350 ax	
	<u>17</u> "	<u>13=3/8"</u> 9=5/8"	338*	2100 ex	
	12" 8-3/4"	711	52171	350 ax	
	5" (Liner)	Tep 48961	Bottom 71501	200 8%	
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for thindepth or be for full 24 hours)				
	OIL WELL Date First New Oil Run To Sanks	Date of Test	Producing Method (Flow, pump, gas lift	etc.)	
	8-9-74	9-10-74	Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure		X -	
	24 Hrs. Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MOF	
	•	19.0	11	223	
	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	
			OIL CONSERVATION COMMISSION		
VI	I. 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.		41	, 19	
			14		
				Origin States of States	
	\sim		TITLE		
	Con 12		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	(Signaturey		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 allow- able on new and recompleted wells.		
	Proration Analyst				
	(Title)				
	9-25-74 (E)ate)	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.		