## DISTRIBUTION

## NEW MEXICO OIL CONSERVATION COM ON

Form C+104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	41171105174710147075	AND			
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS		
	OIL					
	TRANSPORTER GAS					
	OPERATOR					
i.	PRORATION OFFICE					
	Operator  Con Fundamentian & Decidentian Co					
Sun Exploration & Production Co.						
Address D. O. Poy 1961 Midland Toyas 79702						
	P. O. Box 1861, Midland, Texas 79702  Reason(s) for filing (Check proper box)  Other (Please explain)					
	Reason(s) for filing (Check proper box	1				
	New Well	Change in Transporter of:	Name Change	e Only		
	Hecompletion Dry Gas From: Sun Oil Company					
	Change in Ownership   Casinghead Gas   Condensate					
	If change of ownership give name					
and address of previous owner						
II. DESCRIPTION OF WELL AND LEASE						
	Lease Name Well No. Pool Name, Including Formation Kind of Lease			Lease No.		
	Mattern	1 Arrowhead-Gr	cayburg State, Fede	ral or Fee Fee		
	Location Pee					
	Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West					
	one bottom - , restriction the or continue reet rom the restriction the restriction the restriction to					
	Line of Section 7 Township 22-S Range 37-E , NMPM, Lea County					
III.		TER OF OIL AND NATURAL GA		,		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appi	roved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Cine address to which com	roved copy of this form is to be sent)		
	Name of Adinorized Transporter of Cas	singhedd Gds or Dry Gds	Address (Give address to which appl	roved copy of this form is to be sent)		
		Unit Sec. Twp. Rge.	Is gas actually connected? W	/hen		
	If well produces oil or liquids, give location of tanks.	1 Triple 1	Is gas actuary connected?			
	<u> </u>					
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA				100		
		Oil Well Gas Weli	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.		
	Designate Type of Completic	on = (X)				
	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		
			<u> </u>			
	Perforations			Depth Casing Shoe		
	•	TUDING CACING AND	CENTURE DECORA			
TUBING, CASING, AND CEMENTING RECOR		DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEFINSE	SACKS CEMENT		
			1			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total valume of load or	il and must be equal to or exceed top allow-		
•	OIL WELL	able for this de	epth or be for full 24 hours)			
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Wasan Dhila	Ggs-MCF		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gds - MCF		
	<u></u>	1	1			
	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 OIL CONSERVA		ATION COMMISSION				
· • •	CENTILIONIE OF COMPETANCE		OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	. 19		
	commission have been complied with and that the information given					
	above is true and complete to the best of my knowledge and belief.		BY			
			TITLE .ext Semen			
			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			

Dufm	Lomb			
(Signature)				
Acct. Asst	II			
	(Title)			

1-1-82

(Date)

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.

Secrets Forms C-104 must be filled for each cool in multiply