DISTRIBUTION NEW MEXICO OIL CONSERVATION COM ANTA FE REQUEST FOR ALLOWABLE Superreder Old Collin and Coll FILE Effective 1-1-65 GNA J.S.G.S AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator SUN OIL COMPANY Box 1861, Midland, TX 79702 Reason(s) for filing (Check proper box) Other (Please explain) Recompletion CII Dry Gas Change in Ownership X Casinghead Gas Condensate If change of ownership give name SUN TEXAS COMPANY, P.O. Box 4067, Midland, and address of previous owner. ΤX 79704 II. DESCRIPTION OF WELL AND LEASE Pool Name, including Formation Locse No. Elliott B-15 3 Penrose-Skelly-Grayburg State, Federal or Fee Federa] Location <u>______5</u>10 Unit Letter ___B Feet From The North Line and 1980 East Feet From The Line of Section 15 Township 22-S Pange 37-E , NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | | or Condensate | | or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Hobbs, NM Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casingnead Gas or Dry Gas Getty Box 1650, Tulsa, OK Unit Sec. Twp. P.ge. Is gas actually connected? If well produces oil or liquids, give location of tanks. ; 15 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Cil Well Gas Well New Well Workover Sama Res'v. Diff. Res'v. Deepen Plug Back Designate Type of Completion - (X) 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 Perforations Depth Casing Shoe TUZING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 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 allowable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Teat Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test CII-Sbis. Water - Bbie. GGB - MCF GAS WELL Actual Prod. Test-MCF/D Length of Tast Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressurs (Shut-in) Cosing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE 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. Oras Signed in BY. Don L Super TITLE _

(Signature)

(Title)

(Date)

Production/Proration Supervisor

<u>July 1,</u> 1981

This form is to be filed in compliance with RULE 1104.

If this is a request for silowable 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.

Renesses Forms C-104 must be filed for each seal in multiple

SANTA FE FILE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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Operator								 				
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Recompletion Change in Ownership	\vec{x}			inghead (Gas [Conde	7-5					
If change of ownershi	n give no							1				
and address of previo			TEXAS	S PACI	IFIC O	IL COMP	ANY, IN	IC. P. (0. Box 4	.067 <u>Mi</u>	dland, '	TX. 79704
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Date / Hist ive w Cir ive	, , 0 , =			,				,		• • •		_
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CERTIFICATE OF	COMPLI	ANCE]					OIL	CONSER	VATION CO	MMISSION	٠
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hereby certify that the commission have bee	n compli	ed with	h and t	that the	informati	lon given	!!					
above is true and cor	mplete to	the b	est of	my knov	vledge an	d belief.						
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(Signature)							This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
	16	Signatu	5/16	1			mell th	is form mus	t be accom	panied by a te	bulation of	the deviation
Regional Operations Superintendent/West							tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-					
CED 4	10.0h	(Title)				Andrew Control	able on	new and re	completed	wells.		
SEP 1 2	<u> 1880 </u>	(Date)					well na	n.e or numbe	r, or transp	orter, or other	such change	ges of owner, e of condition
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