we, or three said	IVID		
DISTRIBUTION			Ì
SANTA FE			<u> </u>
ril.c.			
U.S.G.S.		<u> </u>	<u> </u>
LAND OFFICE		<u> </u>	
IRANSPORTER	OIL	1	<u> </u>
	GAS	<u> </u>	<u> </u>
OPET: / TOR			
PROPATION OFFICE		<u> </u>	<u> </u>
7			

	wo. or torus nattivan							
1	- DISTRIBUTION	NEW MEXICO OIL CO	FOR ALLOWABLE	SION	Poim C-104 Supersedes Old	C-104 and C-11		
-	SANTA FE	REGUEST F	AND		Ellective 1-1-65	•		
}	FILE	AUTHORIZATION TO TRAN		ATURAL GAS				
ŀ	U.S.G.S.	AUTHORIZATION TO TRA	151.511.1.512.1.1.5					
	OIL							
ļ	THANSPORTER GAS							
1	OPEI: / TOR							
1.	PROPATION OFFICE							
	Operator							
	Doyle Hartman							
	Address	70702				_		
	Post Office Box 10426, Midland, Texas 79702  Reoson(s) for filing (Check proper box)  Change to be offective							
	Change to Transporter of:							
	New We! September 1, 1984							
	Change in Ownership X	Casinghead Gas Condens	sate					
		Sun Exploration and Prod	uction Company					
	If change of ownership give name and address of previous owner	P. O. Box 1861, Midland,	<u>Texas 79702</u>					
	and sudiess of previous of the			•				
II.	DESCRIPTION OF WELL AND I	EASE.   Well No.   Pool Name, Including Fo	ormation	Kind of Lease		Lease No.		
	Lease Name			State, Federal or	Fee Fee			
	Will Cary	8 Drinkard						
	Location L . 2310	Feet From The South Line	e and 990	_ Feet From The _	West			
	Unit Letter L : 2310	Feet From The Bodes E.m.				_		
	Line of Section 22 Tow	nship 22S Range 3	37E , NMPM	Lea		County		
	Line of Section		•					
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Come address	to which approved	copy of this form is t	o ve sent)		
	Nome of Authorized Transporter of Oil X or Condensate P.O. Box 1183, Houston, Texas 77001							
	The refinial corporation			to which approved	copy of this form is t	o be sent)		
	l e e e e e e e e e e e e e e e e e e e	Name of Authorized Transporter of Casinghada Gas (		P.O. Box 300, Oil Center Bld., Tulsa OK 74101				
	Getty Oil Company	Getty Off Company when						
	If well produces oil or liquids,	Unit Sec. Twp. Pige. F 22 22S 37E	Yes		9-77			
	give location of tanks.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		r number:				
	If this production is commingled wit	h that from any other lease or pool,			lug Back   Same Res	'v. Diff. Res'v		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen P	Ind Back Same No.	1		
	Designate Type of Completion		1 Danish	- I P	.B.T.D.			
	Date Spuddsd	Date Compl. Ready to Prod.	Total Depth					
		Foregitor	Top Oil/Gas Pay	·T	ubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation						
				D	epth Casing Shoe			
	Perforations							
		TUBING, CASING, AND	CEMENTING RECOR	₹D	SACKS CEN	4ENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CER	MENT		
	11022 5132							
			<del> </del>					
			ļ					
			fter recovery of total vol	ume of load oil and	must be equal to or	exceed top allo		
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	ADIN OF DE LOF JULL 44 MOM.	• /				
	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Fic	w, pump, gas lift, t	elc.)			
	Date Flist Item Cit Item			<del></del>	Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	1				
			Water-Bbls.	<del></del>	Gas-MCF			
	Actual Pred. During Test	Cil-Bbla.	Water - Buis.			1		
			1					
	GAS WELL	Length of Test	Bbls. Condensate/MMC	ΣF C	Gravity of Condensate	•		
	Actual From Test-MCF/D				Choke Size			
	Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shu	t-1a) (al-t	Cuote 2114			
	Tracting all and particular and a second		1		ION COMMISSIO	)N		
• • •	CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
VI				SEP 14 1984				
	I hereby certify that the rales and	heirby certify that the rules and regulations of the Oil Conservation		THE REAL PROPERTY OF	AN JERRY PERTO	4		
	Commission have been complied	with and that the information given e best of my knowledge and belief.	BY ORIGINAL SIGNAD BY JERRY MEKTON DISTRICT I SUPERVISOR					
	at over in true and complete to th		TITLE					
					mpliance with RUL	E 1104.		
		,						
	Michille Hemles	refortany terming	If this is a re well, this form mu	at be accompanie	ed by a tabulation ance with MULE 1	or the deviets		
	r r /h.a.	varur#//	THE ASSESSMENT OF THE	, ,,				

Engineer (Title)

September 7, 1984

All sections of this form must be filled out completely for allo shie on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such Change of conditions in the section of the sect

Separate Forms C-104 must be filed for each pool in multip

RECEIVED

SEP 1 3 1984

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