## DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMI ANTA FE Form C-104 REDUEST FOR ALLOWABLE 1 L Z Effective 1-1-55 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE [RANSPORTER GAS OPERATOR PRORATION OFFICE SUN OIL COMPANY P.O. Box 1861, Midland, TX 79702 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion CH Dry Gas Change in Ownership Casinahead Gas Condensate If change of ownership give name SUN TEXAS COMPANY, P.O. Box 4067, Midland, and address of previous owner SUN TEXAS COMPANY, P.O. Box 4067, Midland, ΤX 79704 II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Lease No. Gregory B 1 Jalmat Tansill Yates 7 Rurs. State, Federal or Fee Federal ٠Ē 2310 North Feet From The \_Line and <u>990</u> West Feet From The Line of Section 28 Township 26-S Range 37-E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Box 1510, Midland, TX. Address (Give address to which approved copy of this form is to be sent) ad Gas 🔀 or Dry Gas El Paso Natural Gas Co. <u>Jal, NM</u> Twp. P.ge. If well produces oil or liquids, give location of tanks. gas actually connected? 28 26 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (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 Oll/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, 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 Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oll-Bbls. Water - Bbls. Gga - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shnt-in) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION JUL 28 1981 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. lerry Sexton TITLE\_ DAY IS BOOK

ELL L

<u>July</u> 1, 1981

(Signature)

(Title)

(Date)

Production/Proration Supervisor

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

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.

Consesse Forms C-104 must be filed for each and in multiply

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.