

AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator: **SUN TEXAS COMPANY**

Address: **P. O. Box 4067 Midland, Texas 79704**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: **TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX, 79704**

I. DESCRIPTION OF WELL AND LEASE

Lease Name State "A" A/C 2	Well No. 2	Pool Name, Including Formation South Eunice - Trias Queen	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West				
Line of Section 5 Township 22-S Range 36-E NMPM, 10A County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS *TRD*

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Eunice, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> United Carbon Co.	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. K	Unit 5 Sec. 22 Twp. 36 Pge. 36 Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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		
Perforations				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL *(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)*

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	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

V. 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.

C. Engler
 (Signature)
 Regional Operations Superintendent/West
 (Title)
 SEP 12 1980
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY: Jerry Sexton
 TITLE: Dist. 1 Supv.

This form is to be filed in compliance with RULE 1104.
 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.
 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.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.