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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-101 and C-11

Effective 1-1-65

007 28 1800

007 3000

SANTA FE

Operator

Sun Texas Company

Address

P. O. Box 4067, Midland, Texas 79704

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

Texas Pacific Oil Company, Inc., P. O. Box 4067, Midland, Texas 79704

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Fee	Lease No.
Trujillo	1	Wildcat	State, Federal or Fee		
Location					
Unit Letter	A	990 Feet From The	North	Line and	990 Feet From The
Line of Section	23	Township	18-N	Range	28-E
				NMPM,	Harding
					County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <td>or Dry Gas<td>Address (Give address to which approved copy of this form is to be sent)</td></td>	or Dry Gas <td>Address (Give address to which approved copy of this form is to be sent)</td>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected?
		When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Readv.	Diff. Readv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Elevations (DF, RKB, RT, CR, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

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

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.

R. J. Chud

(Signature)

Regional Operations Supt. - West

(Title)

October 23, 1980

OIL CONSERVATION COMMISSION

APPROVED

October 31

1980

BY

Carl Ulvog

TITLE

SECRETARY

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 gravel tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells or new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of operator, well name or number, or transporter or other such change of conditions.