

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-101 and C-11 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE			
SANTA FE		AND			
FILE		COT 281800			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		OCT 23 1980			
TRANSPORTER		SANTA FE			
OIL					
GAS					
OPERATOR					
PRODUCTION OFFICE					
Operator					
Sun Texas Company					
Address					
P. O. Box 4067, Midland, Texas 79704					
Reason(s) for filing (Check proper box)				Other (Please explain)	
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, Texas 79704					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, including Formation	
Trujillo		1		Wildcat	
Kind of Lease		State, Federal or Fee		Fee	
Location		Unit Letter		Feet From The	
A		990		North	
Line and		990		Feet From The	
East		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		or Dry Gas		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 Restv.		Diff. Restv.	
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 Ran 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/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.					
Regional Operations Supt. - West					
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 on 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.					