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

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
 SANTA FE

OCT 28 1980
 Form C-104
 Supersedes Old C-101 and C-11
 Effective 1-1-65

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:
 Oil Dry Gas
 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	Kind of Lease State, Federal or Fee	Fee	Lease No.
Trigg	2	Wildcat			

Location
 Unit Letter **I**, **3820** Feet From The **North** Line and **103** Feet From The **East**
 Line of Section **32** Township **15-N** Range **30-E**, N.M.P.M., **San Miguel** 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 Soc. 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	Same Res'v.	PH. Res'v.
<input checked="" type="checkbox"/>								

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.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 (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 Strains (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 Foot Lbs. Condensate/MCF Gravity of Condensate
 Testing Method (pneum, 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. Neal
 (Signature)
 Regional Operations Supt. - West
 (Title)
 October 23, 1980

OIL CONSERVATION COMMISSION

APPROVED October 31, 19 80
 BY Carl Helweg
 TITLE SENIOR PERMITS SUPERVISOR

This form is to be filed in compliance with RULE 1102.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the district 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 re-completed wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of record.