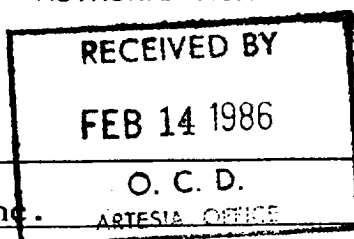


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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



I. Operator
SunTex Resources, Inc.
Address
8111 LBJ Freeway, Suite 570; Dallas, Texas 75251
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shiloh Federal	Well No. 3	Pool Name, Including Formation High Lonesome Queen	Kind of Lease State, <u>Federal</u> or Fee	Lease No. LC-062996B
Location Unit Letter E ; 988 Feet From The West Line and 2310 Feet From The North Line of Section 17 Township 16S Range 29E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159; Artesia, New Mexico 88211					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) N/A					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 17	Twp. 16S	Rge. 29E	Is gas actually connected? N/A	When N/A

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1/10/86	Date Compl. Ready to Prod. 1/18/86		Total Depth 1850'		P.B.T.D. 1844'			
Elevations (DF, RKB, RT, GR, etc.) 3640.2' G.L.	Name of Producing Formation Queen		Top Oil/Gas Pay 1731'		Tubing Depth 1770'			
Perforations 1730-1758' (Queen)					Depth Casing Shoe 1850'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8"; 24# 4 1/2"; 9.5# 2 3/8"		DEPTH SET 311' 1850' 1770'		SACKS CEMENT 250 sacks 500 sacks -----			

V. 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 1/26/86	Date of Test 1/27/86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 20	Casing Pressure 30	Choke Size Open
Actual Prod. During Test 118 B.F.	Oil - Bbls. 75	Water - Bbls. 43	Gas - MCF 15

GAS WELL

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

VI. 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.

OPERATIONS MANAGER

2/12/86

OIL CONSERVATION COMMISSION

APPROVED **FEB 19 1986**, 19
BY **Les A. Clements**
TITLE **Supervisor District II**

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.