

FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER		OIL		GAS		OPERATOR		PRORATION OFFICE	
SUN TEXAS COMPANY												OCT 7 1980			
Address												P. O. Box 4067 Midland, Texas 79704			
Reason(s) for filing (Check proper box)												Other (Please explain)			
New Well <input type="checkbox"/>												Change In Transporter of:			
Recompletion <input type="checkbox"/>												Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>			
Change In Ownership <input checked="" type="checkbox"/>												Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>			
If change of ownership give name and address of previous owner												TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX. 79704			
DESCRIPTION OF WELL AND LEASE															
Lease Name												Well No.			
Location												Pool Name, Including Formation			
Unit Letter												Kind of Lease			
Line of Section												Lease No.			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS															
Name of Authorized Transporter of Oil												Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead 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.												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)															
Date Spudded												Date Compl. Ready to Prod.			
Elevations (DF, RKB, RT, CR, etc.)												Name of Producing Formation			
Perforations												Top Oil/Gas Pay			
TUBING, CASING, AND CEMENTING RECORD															
HOLE SIZE												CASING & TUBING SIZE			
DEPTH SET												SACKS CEMENT			
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL															
Date First New Oil Run To Tanks												Date of Test			
Length of Test												Producing Method (Flow, pump, gas lift, etc.)			
Actual Prod. During Test												Casing Pressure			
GAS WELL															
Actual Prod. Test-MCF/D												Length of Test			
Testing Method (pilot, back pr.)												Bbls. Condensate/MMCF			
Tubing Pressure (Shut-in)												Gravity of Condensate			
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 Superintendent/West												OIL CONSERVATION COMMISSION			
(Title)												OCT 31 1980			
(Date)												APPROVED			
												BY			
												TITLE			
												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			