

U.S.	
OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

AND
THORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

RECEIVED

OCT 21 1976

Operator		Texas International Petroleum Corporation (T I P C O)	
Address		Suite 300, 3535 N.W. 58th Street - Oklahoma City, Okla. 73112	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☒

If change of ownership give name and address of previous owner _____

O. C. C.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Sun State Comm.	1	Undesignated (Morrow)	State, Federal or Fee State	K-3269
Location				
Unit Letter	N	660 Feet From The	South	1980 Feet From The
Line of Section	22	Township	21S	Range
			27E	, NMFM, Eddy County

I. 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)	
Rowland Trucking Company	P. O. Box 1196, Eunice, New Mexico 88231	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	P. O. Box 1384, Jal, New Mexico 88252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	22
		21S
		27E
	Yes	11-15-73

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Water Well	Workover	Deepen	Plug Back	Some Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top of 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 run, recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

P. D. Mantor (Signature)	
Sr. Vice President - Operations (Title)	
October 14, 1976 (Date)	

OIL CONSERVATION COMMISSION

APPROVED	OCT 22 1976	19
BY	W. A. Gressett	
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.