

FILE			
G.S.			
FIELD OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR			
PRORATION OFFICE			

FOR ALLOWABLE  
AND  
HORIZONTAL TO TRANSPORT OIL AND NATURAL GAS

Supersedees OIA C-104 and C-105  
Effective 1-1-65

RECEIVED

FEB 7 1977

I. Operator  
Texas International Petroleum Corporation (T I P C O) O. I. R.  
Address  
Suite 300, 3535 N.W. 58th Street - Oklahoma City, Oklahoma 73112  
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 Sun State Comm.	Well No. 1	Pool Name, including Formation Burton Flat (Morrow)	Kind of Lease State, Federal or Fee State	Lease No. K-3269
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 22 Township 21S Range 27E , NMFM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Uni Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 36158, Houston, Texas 77036			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384, Jal, New Mexico 88252			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 22	Twp. 21S	Rge. 27E
	Is gas actually connected? Yes		When 11-15-73	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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			

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 no for full 24 hours

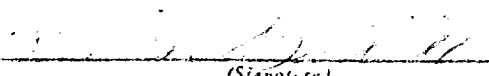
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

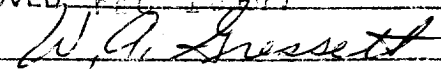
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

  
(Signature)  
Manager of Engineering  
(Title)  
February 4, 1977  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 16 1977  
BY   
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.