

DISTRIBUTION			
SANTA FE		1	
FILE		1	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			
PRORATION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

OCT 7 1980

O. C. D.

ARTESIA, OFFICE

I. Operator SUN TEXAS COMPANY ✓
 Address P. O. Box 4067 Midland, Texas 79704
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 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, TX, 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Phantom Draw unit 1</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Phantom New Wolfcamp</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>0437880</u>
Location Unit Letter <u>M</u> : <u>1000</u> Feet From The <u>west</u> Line and <u>800</u> Feet From The <u>south</u> Line of Section <u>20</u> Township <u>26-5</u> Range <u>31-E</u> , NMPM, <u>Eddy</u> 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"/> <u>Permian</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1483, Houston, TX 77001</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492, El Paso, TX</u>			
If well produces oil or liquids, give location of tanks. <u>M</u>	Unit <u>20</u>	Sec. <u>26-5</u>	Twp. <u>31-E</u>	Page <u>31-E</u>
Is gas actually connected? <u>yes</u>		When <u>10-21-75</u>		

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'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
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 be 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 <u>Post ID</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>10-21-75</u>

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.

C. Engler
(Signature)

Regional Operations Superintendent/West
(Title)

(Date)

SEP 12 1980

OIL CONSERVATION COMMISSION

APPROVED OCT 31 1980, 19

BY W. A. Gressett
SUPERVISOR, DISTRICT

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 completed wells.