

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE							
FILE							
U.S.G.S.							
LAND OFFICE							
TRANSPORTER	OIL						
	GAS						
OPERATOR							
PRORATION OFFICE							
Operator							
SUN TEXAS COMPANY							
Address							
P. O. Box 4067 Midland, Texas 79704							
Reason(s) for filing (Check proper box)							
New Well	<input type="checkbox"/>	Change in Transporter of:		Dry Gas	<input type="checkbox"/>	Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Condensate	<input type="checkbox"/>		
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<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.	Pool Name, Including Formation	Kind of Lease	Lease No.			
JARREYS	1	BUREBYR Oil + GAS	State, Federal or Fee FEE				
Location							
Unit Letter	E	1980	Feet From The NORTH	Line and	660	Feet From The WEST	
Line of Section	25	Township	21	Range	37	NMPM.	LEA
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)						
Texas New Mexico Pipeline	Box 1510 Midland, TX						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)						
GETTY	Box 1650 Tulsa, Okla						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	E	25	21	37	YES		
If this production is commingled with that from any other lease or pool, give commingling order number:							
V. COMPLETION DATA							
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.
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				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF				
GAS WELL							
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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.							
APPROVED _____, 19 _____							
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 conditions.							
Separate Forms C-104 must be filed for each pool in multi-							
Regional Operations Superintendent/West							
SEP 12 1980							