SANTA FE		+		T FOR ALLOWABLE	Form C -104 Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.		+ +	AUTHORIZATION TO TR		AL GAS	
IRANSPORTER GA OPERATOR						
Operator Operator		11				
SUN SUN	TEXAS	<u>5 CO1</u>	MPANY			
P. O Reason(s) for filing (Chec	Box	<u>: 40</u> 6	67 Midland, Texas			
New Well		,	Change in Transporter of:	, , , , , , , , , , , , , , , , , , ,	,	
Recompletion Change in Ownership X						
			TEXAS PACIF C OIL COM	PANY, INC. P. O. Box	4067 Midland, TX, 79704	
Lease Name			Well No.: Pool Name, Including	Formation Kind of	Lease Lease No.	
Location	· · _)		19 Junior In-	State, F	ederal or Fee Con De	
Unit Letter	;	11,	Feet From The	Ine and Feet F	"rom The	
Line of Section /	2	Town	ship 2.) N Range	. м. 20 . м. 20	>+1 County	
None of Authorized Trans	porter ci	1 011 [Address (Give address to which a	approved copy of this form is to be sent)	
Name of Authorized Transp	<u>A józ</u> oorter of	, // [Casir	nghead Gas 🕞 or Dry Gas 🦲	Address (Give address to which a	ipproved copy of this form is to be sent;	
If well produces oil or liqu		· . 1 		Is gas actually connected?	When (1 4 / 3 7 -	
f this production is com	ningled	l with			······································	
	Compl	etion	- (X) Oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Res'v. Diff. Res'v.	
Date Spudded				Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT,	GR, etc	., 1	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
Perforations					Depth Casing Shoe	
HOLE SIZE		+-	CASING & TUBING SIZE	DEPTHSET	SACKS CEMENT	
	QUEST	FOR	RALLOWABLE (Test must be a able for this d	ifter recovery of total volume of load epth or be for full 24 hours)	j oil and must be equal to or exceed top allow-	
	Tanks		Date of Test	Producing Method (Flow, pump, go	as lift, etc.)	
Length of Teet		T	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test		C	511-Bbis.	Water-Bbis.	Gca - MCF	
				L. <u></u>		
		L	ength of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back	; pr.)	T	ubing Pressure (Shrt-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF CO	MPLIA	ANCE	;		VATION COMMISSION	
ommission have been c	omplie	d with	and that the information given		gned 12.	
bove is true and comple	ete to	the b	est of my knowledge and belief.	BYJecry S	exton	
				This form is to be filed in compliance with RULE 1104.		
<u> </u>	(S.		in the second se	If this is a request for all	llowable for a newly drilled or deepened	
Regional O SEP 12				All sections of this form	must be filled out completely for allow-	
SLF 10	1280 ((Lille)		able on new and recompleted	, II, III, and VI for changes of owner.	
	FILE U.S.G.S. LAND OF FICE IRANSPORTER OPERATOR PRORATION OF FICE Operator SUN Address P.O. Recompletion Change of ownership g and address of previous DESCRIPTION OF WE Lease Name Arr P. 12/ Location Unit Letter Line of Section DESIGNATION OF TR Name of Authorized Transp Arr P. 12/ Location Unit Letter Name of Authorized Transp Arr P. 12/ Location Unit Letter Name of Authorized Transp Arr P. 12/ Location of tarks. If this produces oil or liquing twell produces oil or liquing twell produces oil or liquing Designate Type of Date Spudded Elevations (DF, RKB, RT, Perforations HOLE SIZE HOLE SIZE COMPLETION DATA Designate Type of Date Spudded Elevations (DF, RKB, RT, Perforations	SANTA FE FILE U.S.G.S. LAND OF FICE U.S.G.S. LAND OF FICE OIL I RANSPORTER OIL I RANSPORTER OIL I RANSPORTER OIL I RANSPORTER OIL PRORATION OF FICE Operator SUN TEXAS Address P.O. BOX Reason(s) for filing (Check proper New Well Recompletion Change in Ownership give narr and address of previous owner DESCRIPTION OF WELL A Lease Name Arr A Lease Name Arr Destignation Unit Letter Line of Section I well produced Transporter of Address of or transporter of Address of transpor	SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE OPERATOR PRORATION OFFICE OPERATOR PRORATION OFFICE OPERATOR PRORATION OFFICE OPERATOR PROBATION OFFICE Correl Address P.O. BOX 400 Reason(s) for filing (Check proper box) New Well Recompletion Change of ownership give name and address of previous owner DESCRIPTION OF WELL AND L Lease Name <u>Address</u> DESCRIPTION OF WELL AND L Lease Name <u>Address</u> DESCRIPTION OF TRANSPORT Unit Letter Line of Section 10 well produces of or liquids, 11 well produces of or liquids, 12 well or Authorized Transporter of Coll Control Coll of tarks. 11 well produces of or liquids, 12 well produces of or liquids, 14 well produces of or liquids, 15 this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc., 1 Perforations HOLE SIZE CAS WELL Actual Prod. During Test CERTIFICATE OF COMPLIANCE hereby certify that the rules and regination Cigati	SANTA FE FILE FILE REQUES U.S.G.S. AUTHORIZATION TO THE LAND OFFICE OL IRANSPORTER OL OPERATOR OL PROMATION OFFICE OL Operation SUN TEXAS COMPANY Address SUN TEXAS COMPANY Address P.O. BOX 2067 Midland, Texas Recomplian OI Droperation New Weil Change in Transporter of Brecomplian Recomplian OI Casingheed Goe Cond Recomplian OI Casingheed Goe Cond Michage of ownership give name TEXAS PACIFIC OIL COM Cond BESCRIPTION OF WELL AND LEASE Interface Interface Large Name TAMPA PERION OF WELL AND LEASE Interface Large Name Mathomas Transporter of Contingheed Goe Interface Designate Transporter of Contingheed Goe Interface Interface Marked Authorized Transporter of Contingheed Goe Interface Interface Marked Authorized Transporter of Contingheed Goe Interface Interface Marked	Test P = Control of C	