

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
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		Change in Transporter of:		Other (Please explain)	
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	
<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<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					
I. DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
State "A" AK-2		3		South Eufrice 7-Rur. Queen	
Location		Kind of Lease		Lease No.	
Unit Letter		State, Federal or Fee		NM 2A	
G		State			
Line of Section		Township		Range	
8		22-5		36-E	
				NMPM, Lea	
				County	
II. 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)	
Shell Pipeline Corp.		<input checked="" type="checkbox"/>		P.O. Box 1509-Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
Phillips Pipeline		<input checked="" type="checkbox"/>		Phillips Bldg. Rm. 711-Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
		G		8	
		Twp.		Pge.	
		22		36	
		Is gas actually connected?		When	
		Yes		4-13-73	
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	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL					
Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				Gravity of Condensate	
VII. 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.					
Regional Operations Superintendent/West					
SEP 12 1930					
OIL CONSERVATION COMMISSION					
APPROVED					
Signed by					
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 condition.					
Separate Forms C-104 must be filed for each pool in multiply					