

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRORATION OFFICE

OIL

GAS

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-111

Effective 1-1-65

Operator

SUN TEXAS COMPANY

Address

P. O. Box 4067 Midland, Texas 79704

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

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

State "A" AIC-2

Well No.

52

Pool Name, including Formation

South Louisa

Kind of Lease

State

Lease No.

NM 2A

Location

Unit Letter

H

Feet From The

1980

Line and

north

Feet From The

660

County

east

Line of Section

9

Township

22-S

Range

36-E

NMPM,

Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Texas-New Mexico Pipeline Company

Name of Authorized Transporter of Casinghead Gas

Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1510-Midland, Texas 79701

Address (Give address to which approved copy of this form is to be sent)

Phillips Bldg. - Odessa, Texas 79760

Is gas actually connected?

Yes

When

4-13-73

Unit

M

Sec.

9

Twp.

22

Rge.

36

If well produces oil or liquids, give location of tanks.

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, CR, 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

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

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 (pitot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

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 1980

OIL CONSERVATION COMMISSION

OCT 27 1980

APPROVED

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 multiple