		AND	Effective 1-1-65
FILE	AUT RIZATION TO TRA	_AND NSPORT OIL AND <sup></sup> TI	JRAL GA <b>S</b>
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR	· · · · · · · · · · · · · · · · · · ·	-	
PRORATION OFFICE	1		
Operator OTHI WEYAG CC	W DANTY		
SUN TEXAS CC		· · · · · · · · · · · · · · · · · · ·	
P. 0. Box 40	067 Midland, Texas	01her (Please expl	(1) and a subscription of the subscription
Reason(s) for filing (Check proper box,	Change in Transporter of:		
New Woll Arrow Wo		s []	
Change in Ownership X	Casinghead Gas Conden	sate	
f change of ownership give name	TEXAS PACIFIC OIL COMPA	NY. INC. P. O. BO	ox 4067 Midland, TX, 79704
nd address of previous owner			
DESCRIPTION OF WELL AND	Vell No. Pool Name, Including Fo	ormation Kind	of Lease Lease No.
Mattie, TAMES	2 South Eurice - 9		e, Foderal of Fee
Locotion			Fast
Unit Letter A : 33	50 Feel From The ARTA_Line	e and <u>330</u> Fe	et From The
Line of Section 10 Tou	waship 22-5 Range	36-E , NMPM,	LEA County
		TAN	
DESIGNATION OF TRANSPOR Nome of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to wh	ich approved copy of this form is to be sent)
			ich approved copy of this form is to be sent)
Nome of Authorized Transporter of Cas	singhead Gas or Dry Gas	: Address (frive address to wh   	
	Unit Sec. Twp. P.ge.	Is gas actually connected?	When
lf well produces oil or liquids, give location of tanks.	A 10 22:36	NO	1
( this production is commingled wi	th that from any other lease or pool,	give commingling order num	ber:
COMPLETION DATA	Oil Well Gas Well		eepen Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth .	, , , , , , , , , , , , , , , , , , , ,
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		-	
		i	flood off and must be sound to or exceed top allow
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	f load oil and must be equal to or exceed top allow
OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)
	Tubing Prossure	Casing Pressue	Cheke Size
Length of Test	Tubing Processo		
Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	
			Contract Condenantle
GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condenscie/MMCF	Gravity of Condensate
	Tubing Pressue (Shat-in)	Cosing Pressure (Shut-in	) Choke Size
Testing Method (pitot, back pr.)			
CERTIFICATE OF COMPLIAN	VCE	E OIL COM	SERVATION COMMISSION
		APPROVED	, 19
I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given be heat of my knowledge and belief.	APPROVED	
Commission have been complied with and that the information great above is true and complete to the best of my knowledge and belief.		BY	
		TITLE	Glad in compliance with RULE 1104.
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepered if this is a request for allowable for a tabulation of the deviation	
(Signere)		well, this form must be accompanied by a thouse the null the accordance with NULE 111.	
Regional Operat	ions Superintendent/West	I in all of the	. form must be filled out completely to ante-
	SEP 1 2 1980	able on new and recom	pieted within the shanges of owner
(Date)		Fill out only Sections I. II. III, and VI for Changes of condition. well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply	
•		Separate Forma C	-104 must be 11180 for each poor in marging