

SANITARY		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTORIZATION 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)				Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<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.
Mathe James	3	South Eunice - 7 Eves Queen		State, Federal or <input checked="" type="radio"/> Fee	NMS 547
Location					
Unit Letter	B	: 660	Feet From The North	Line and 1980	Feet From The EAST
Line of Section	10	Township	22-S	Range	36-E
				NMPM,	LEA
				County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TAD					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected? When
	B	10	22	36	No

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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

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

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 _____	
Regional Operations Superintendent/West		BY _____, Jerry Sexton	
(Title)		Dist. 1, Sugar	
SEP 12 1980		TITLE _____	
(Date)		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	