

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

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

Recompletion

Change In Ownership

Change In Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

If change of ownership give name and address of previous owner

TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX, 79704

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. DESCRIPTION OF WELL AND LEASE

Lease Name

State "A" A/C-2

Well No.

15

Pool Name, Including Formation

So. Eunice 7-Rm. 4-Sum

Kind of Lease

State, Federal or Fee

State

Lease No.

NM 2A

Location

Unit Letter

C

Feet From The

660

Line and

1980

Feet From The

west

Line of Section

11

Township

22-5

Range

36-E

NMPM,

Sea

County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Shell Pipeline Company

or Condensate

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

P.O. Box 1509-Midland, Texas

Name of Authorized Transporter of Casinghead Gas

Shell Oil Company

or Dry Gas

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

P.O. Box 1650-Tulsa, Oklahoma

Unit

G

Sec.

11

Twp.

22

Rge.

36

Is gas actually connected?

Yes

When

10-1-70

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

III. COMPLETION DATA

Designate Type of Completion - (X)

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

IV. 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

V. TEST DATA AND REQUEST FOR ALLOWABLE 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

VI. 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

APPROVED

OCT 27 1980

BY

Dist. 1, Super

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 completed wells.