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DISTRIBUTI	ON
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROPATION OF	ICE
Operator	
SUN OIL CO	MPANY

(Date)

Hi

U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator SUN OIL COMPANY Address P.O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)	s Old C-104 and C- 1-1-65
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS TRANSPORTER OIL GAS OPERATOR PROPATION OFFICE Operator SUN OIL COMPANY Address P.O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)	. 1-03
TRANSPORTER OIL GAS OPERATOR PROPATION OFFICE Operator SUN OIL COMPANY Address P.O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)	
OPERATOR I. PRORATION OFFICE Operator SUN OIL COMPANY Address P.O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)	
OPERATOR PROBATION OFFICE Operator SUN OIL COMPANY Address P.O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)	
Operator SUN OIL COMPANY Address P.O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)	
SUN OIL COMPANY Address P.O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)	
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Reason(s) for filing (Check proper box) Other (Please explain)	
Other (Please explain)	
Change to Trans	
Change in Transporter of: Recompletion Oil Dry Gas	
Change in Ownership Casinghead Gas Condensate	
If change of ownership give name SUN TEXAS COMPANY, P.O. Box 4067, Midland, Texas 79704	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Formation Mind of	
State "A" A/C-2 16 Arrowhead-Grayburg State Federal or Feder	NM 2A
Location J. College Co	
Unit Letter I : 2310 Feet From The South Line and 330 Feet From The east	
1 tra at Seatter 11 22 S	
Line of Section II Township 22-S Range 36-E , NMPM, Lea	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved convertable for	7
TOTAL PIPELINE COMPANY THOMAS NM	is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved cany of this form	is to be sent
Eunice, NM	is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks.	
u 11 22-3 30-E	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA	
Others Constitution	
Designate Type of Completion - (X)	Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	<u>_</u>
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Cil/Gas Pay Tubing Depth	
Perforations	
Depth Casing Shoe	
TURING CASING AND CENEUTING DECOM	
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEBTH SET	
CASING & TUBING SIZE DEPTH SET SACKS C	EMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)	r exceed ton allow
Data Class New ON B. C.	
Date of Test Producing Method (Flow, pump, gas lift, etc.)	
Length of Test Tubing Pressure Casing Pressure Choke Size	
Choke Size	
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF	
GAS WELL Actual Prod. Test-MCF/D Length of Test	
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	10
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in)	
Casing Pressure (Shut-in) Choke Size	
I. CERTIFICATE OF COMPLIANCE	
OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation APPROVED	10
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	, 19
above is true and complete to the best of my knowledge and belief. BY Jerry Sexten	
TITLE	
This form is to be filed in compliance with RUL If this is a request for allowable for a newly dril	
1 11 title to a reduced for allowable for a newly dist	of the deviation
well, this form must be accompanied by a tabulation	1.
(Signature) Production/Proration Supervisor (Title) well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE 11 All sections of this form must be filled out completely accompanied by a tabulation tests taken on the well in accordance with RULE 11	

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.