

SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUT. RIZATION TO TRANSPORT OIL AND I TURAL 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)		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	WATER SUPPLY WELL	Well No.	Pool Name, Including Formation
STATE A A/C-2		60	SOUTH ELMORE
Location		Kind of Lease	
Unit Letter A : 890 Feet From The NORTH Line and 990 Feet From The EAST		State, Federal or Fee STATE	
Line of Section 9		Township 22-S	Range 36-E, NMPM, LEA
		County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				TA'D	
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

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'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 (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/MMCF	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 1960, 19	
Regional Operations Superintendent/West		BY Jerry Sexton	
(Signature)		Dist. 1, Supv.	
(Title)		TITLE	
OCT 10 1960		This form is to be filed in compliance with RULE 1104.	
(Date)		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	