

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator <b>SUN TEXAS COMPANY</b>		
Address <b>P. O. Box 4067 Midland, Texas 79704</b>		
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**

Lease Name <b>STATE A A/C-1</b>		Well No. <b>100</b>	Pool Name, Including Formation <b>LANGUE MATTIX 7 RUSQ</b>	Kind of Lease <b>State</b>	Lease No.
Location Unit Letter <b>H</b> : <b>1980</b> Feet From The <b>NORTH</b> Line and <b>990</b> Feet From The <b>EAST</b> Line of Section <b>9</b> Township <b>23</b> Range <b>36</b> NMPM, <b>Lea</b> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS <b>SHUT-IN</b>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>TEXAS New Mexico PIPELINE</b>	<b>Box 1510 Midland, TX</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>EL PASO NATURAL GAS PHILLIPS PETROLEUM</b>	Address (Give address to which approved copy of this form is to be sent) <b>JAL, New Mexico Box 6666 Odessa, TX</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>H</b> Sec. <b>9</b> Twp. <b>23</b> Rge. <b>36</b>	Is gas actually connected?	When
		<b>Yes</b>	

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

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 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)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test				
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size		

I. 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.	
(Signature) <b>Regional Operations Superintendent/West</b>	
(Title) <b>SEP 12 1980</b>	
(Date)	

OIL CONSERVATION COMMISSION	
<b>APPROVED OCT 27 1980</b>	
BY _____	
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 filled for each pool in multiply completed wells.	