NEW MEXICO OIL CONSERVATION COMMIS DISTRIBUTION Supersedes Old C-104 and C-110 -REQUEST FOR ALLOWABLE SANTA FE Effective 1-1-65 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL IRANSPORTER OPERATOR PRORATION OFFICE Operator SUN TEXAS COMPANY Address 79704 Other (Please explain) Midland, Texas P. O. Box 4067 Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Ott Recompletion Condensate Casinghead Gas Change in Ownership X 79704 TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX. If change of ownership give name and address of previous owner 7 RUPS Kind of Lease II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool | Pormation Lease No. State, Federal or Fee State 38 State 990 Feet From The South Line and Feet From The County , NMPM 23 - 5 Range Township Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) None Name of Authorized Transporter of Casinghead Gas or Dry Gas X 88252 Tal, N. M. El Paso Natura Twp. If well produces oil or liquids, ye s give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res'v. Plug Back Deepen IV. COMPLETION DATA New Well Workover Gas Well Oil Well Designate Type of Completion -(X)P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test

Gga - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test

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

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

(Date)

(Title)

SEP 1 2 1980

OIL COMPREMY AGEN COMMISSION

APPROVED Original by

Dist L, Supe 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 is a request for anomable 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 silow able 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