

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
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)				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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.	
Unit A H/C-1	60	LANGUE-MANIX 7 2025	State, Federal or Fee	State	
Location					
Unit Letter	1980	Feet From The	Line and	1980	Feet From The
Line of Section	13	Township	23 N	Range	13 E
				NMPM,	LEA
County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Superior New Mexico Pipe Line Co.		P.O. Box 2528, Hobbs, New Mexico 88240			
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)			
PacifiCorp		4001 Fort Worth St. Midland, TX 79702			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	13	23 N	24 E	13 E	4-8 11/9/80
If this production is commingled with that from any other lease or pool, give commingling order number:					
V. COMPLETION DATA					
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen
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		
V. 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		
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 11 1980					
OIL CONSERVATION COMMISSION					
APPROVED OCT 27 1980					
BY Jerry Sexton					
TITLE Dist. L. Supv.					
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 multiple completion.					