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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

ILLEGIBLE

I. Operator SUN TEXAS COMPANY

Address P. O. Box 4067 Midland, Texas 79704

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX. 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State A Ak-1</u>	Well No. <u>4</u>	Pool Name, including Formation <u>JANUARY 1957 RPS</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Location Unit Letter <u>C</u> ; <u>330</u> Feet From The <u>NORTH</u> Line and <u>1666</u> Feet From The <u>WEST</u>				
Line of Section <u>21</u> Township <u>23-S</u> Range <u>36-E</u> , NMPM, <u>16A</u> County				

III. 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. Rge. Is gas actually connected? When

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

IV. 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, 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 (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

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.

C. Engle
(Signature)
Regional Operations Superintendent/West
(Title)
SEP 12 1980
(Date)

OIL CONSERVATION COMMISSION
OCT 27 1980
APPROVED _____, 19____
BY Jerry Sexton
TITLE Dist. L. Sup.

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 filed for each pool in multiply completed wells.

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-55

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</small></p>		<p>1. Indicate Type of Lease <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Fee</p> <p>2. Gas Lease No. <u>NM 2A</u></p>
<p>3. Name of Operator <u>TEXAS PACIFIC OIL COMPANY INC</u></p> <p>4. Address of Operator <u>P.O. Box 4067, MIDLAND, TEXAS 79701</u></p> <p>5. Location of Well UNIT LETTER <u>C</u> <u>330</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1660</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>21</u> TOWNSHIP <u>23-S</u> RANGE <u>36-E</u> NMPM.</p>		<p>7. Unit Agreement Name</p> <p>8. Fee or Lease Name <u>STATE A A/C-1</u></p> <p>9. Well No. <u>4</u></p> <p>10. Field and Pool, or Wellcat <u>JALMAT</u></p> <p>12. County <u>LEA</u></p>
<p>15. Elevation (Show whether DF, RT, GP, etc.) <u>3443' GR</u></p>		

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>WELL STATUS</u> <input checked="" type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated cost of any proposed work) SEE RULE 1103.

Well shut in. TAd in 1963 after stimulation failed to obtain commercial rate. Well be reactivated or plugged in 1976

ILLEGIBLE

Expires 11-1-76

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED L. Wright TITLE Area Supt DATE 11-7-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: