## DISTRIBUTION SANTA FE I.

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	U.S.G.S.	_ AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	LAND OFFICE			
	TRANSPORTER OIL	4		
	GAS			
	OPERATOR	· ·		
I.	PRORATION OFFICE			
	Operator			
	SUN TEXAS COMPANY			
	Address			
	P. O. Box 4067 Midland, Texas 79704			
	Reason(s) for thing (carea paper only			
	New Wo!I	Change in Transporter of:		•
	Recompletion	OII Dry Go	<b>芦</b> 1	
	Change in Ownership X	Casinghead Gas Conde	n.sate	
	If change of ownership give name and address of previous owner	TEXAS PACIFIC OIL COMP	ANY INC P. O. Box 4	067 <u>Midland, TX, 79704</u>
	and address of previous owner			
11.	DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name Application  State, Federal or Fee State  State, Federal or Fee State  Lease No.			
•••	Lease Name	Well No. Pool Name 19405	Martion Kind of Le	Lease No.
	State "A" A/C 1	8 Jalmat ya	fes TRUKS State, Fed	eral or Fee State
	1 ocation			
	Unit Letter 0: 660 Feet From The South Line and 1180 Feet From The Cast			
	J 25.11			,
	Line of Section 2/ Tox	wr.ship 23-5 Hange	36-E , NMPM,	Leg County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Oil	or Condensate	Address (Gibe address to which app	store copy by this form is to be sent,
	None		Address (Cine address to which an	proved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address force address to which app	8825 Z
	El Paso Natur		Is gas actually connected?	8 0 2 3 2 When
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.		nnen
	give location of tanks.		yes :	· ·
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty.
	Designate Type of Completic			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded	Date Compt. Reday to Frod.	Total Boptin	
	CDE DVD DT CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing 1 official		
				Depth Casing Shoe
	Perforations		•	
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLL SIZE			
				<u> </u>
••	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 denth or he for full 24 hours)			
V.	OIL WELL	able for this de	epth 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	Cii-Bbls.	Water - Bbis.	Gos-MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
				1
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIANCE		C <b>E</b>		VATION COMMISSION
41.	CLRIII IOILL OF COMPLIAN		nor 27 1980	
			APPROVED	1000

VI. 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.

(Date)

Regional Operations Superintendent/West (Title) SEP 1 2 1980

Orig Signed 🍇 BY. Sexton

and Jugar 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 filed for each pool in multiply