SANTA FE FILE

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 TR	ANSPORT OIL AND NATURAL	CAS
	LAND OFFICE			THE THE THE TATORAL	UNJ .
	IRANSPORTER GAS		-		
	OPERATOR	-	-		
,	PRORATION OFFICE	 			
••	Operator				
	SUN TEXAS COMPANY				
	Address				
	P. O. Box 4067 Midland, Texas 79704 Recoon(s) for filing (Check proper box) Other (Please explain)				
	New Wa!! Change in Transporter of:				
	Recompletion Oil Dry Gas				
	Change in Ownership X Casinghead Gas Condensate				
	If change of ownership give	e name			
	and address of previous ow		TEXAS PACIFIC OIL COMP	PANY, INC. P. O. Box 40	67 Midland, TX, 797 0 4
71	DESCRIPTION OF WELL AND LEASE				
и.	Lease Name	LAND	Well No. Pool Name, Including F	ormation Kind of Lea:	Lease No.
	Just 12 Mest		98 /Amgra 1	Party 7 2083 State, Feder	
	Location			Q 604.	
	Unit Letter 6 : 646 Feet From The Not711 Line and 2816 Feet From The 8157				
	Line of Section 23 Township 2015 Range 500 NMPM, AFF County				
	Line of Section [7-3]	Tov	wnship) ? · · · · Range	100 1, NMPM,	County
111.	DESIGNATION OF TRA	NSPORT	TER OF OIL AND NATURAL GA	AS	
	Name of Authorized Transpor	ter of Oil	or Condensate	Address (Give address to which appro	wed copy of this form is to be sent)
	11115 11 11 11 11	4,47	the year	Address (Give address to which appro	Wo dx
	Name of Authorized Transpor	ter of Cas	singhead Gas 🕡 or Dry Gas 🗔	Address (Give address to which appro	ved copy of this form is to be sent)
	10 110 1171 1170		To to to	<u> </u>	7
	If well produces oil or liquids give location of tanks.	5,	Tunit Sec. Twp. Rge.	, , , , , , , , , , , , , , , , , , , ,	en Signal A
					12-9-61
	If this production is commit COMPLETION DATA	ngled wit	th that from any other lease or pool,	give commingling order number:	<u> </u>
	Designate Type of Co	ompletio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	L				1 1
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, G	R, etc.j	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
ł				<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 depth or be for full 24 hours)				
i			Producing Method (Flow, pump, gas lift, etc.)		
ĺ					
	Length of Test		Tubing Pressure	Cosing Pressure	Choke Size
	Actual Prod. During Test		Oil - Bbls.	Water - Bbls.	Goa - MCF
l	7,0,000				
•					
	GAS WELL				
	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
}	Testing Method (pitot, back p	or. J	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
Ì	, earing Method (prior, pace p	,	rabing , resource (same ray		0
VI VI	CERTIFICATE OF COM	PLIANC	E	OIL CONSERVA	TION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Orig Signed by		
	The state of the companies of the contract of		BY Orig Signed by Icity Sexton TITLE Dist la Supe		
			TITLE		
	(L. 1)		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		
	(Signature)		well, this form must be accompanied by a tabulation of the beviation tests taken on the well in accordance with RULE 111.		

Regional Operations Superintendent/West

(Title) SEP 1 2 1980

(Date)

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Separate Forms C-104 must be filed for each pool in multiply