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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
IRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OF	FICE
CO	

SANTA FE		ONSERVATION COMMISSIC	Form C-104
FILE	REQUEST	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
U.S.G.S.	ANTHODIZATION TO TO		
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
OIL	-		
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Sun 011 Compai	ny		
Address	t widland wante wordt		
Reason(s) for filing (Check proper box	I, Midland, Texas 79701	Other (Please explain)	
New We!!	Change in Transporter of:	Request for cone	densate test allowable in
Recompletion	Oil Dry Go	amount of 45 bb	ls/day for 30 Bay Test
Change in Ownership	Casinghead Gas Conder	- Period	•
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No.
Annie Christmas	l Undesigned Ab	State, Feder	ral or Fee Fee
Location			
Unit Letter N : 66	59 Feet From The South Lin	e and 1986.4 Feet From	The West
Line of Section To	wnship 22-\$ Range	37-E , NMPM, Le	County
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		
Name of Authorized Transporter of Of		Address (Give address to which appr	
Texas-New Mexico		Box 1510, Midland, Te	Kas 79701
Name of Authorized Transporter of Co		the state of the s	oved copy of this form is to be sent)
El Paso Natural Ga		Box 1492, El Paso, Te	kas 79999 heri
If well produces oil or liquids,	Unit Sec. Twp. Rge.		
give location of tanks.	N 1 22-8 37-E	Yes	11-13-73
	ith that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	on = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
Date Spaaded	Bate Compil Heady to From	i i i i i i i i i i i i i i i i i i i	
Elevations (DF, RKB, RT, GR, etc.,	Name of Productna Formation	Top Cil/Cas Pay	Tubing Depth
Lievations (B1, KRB, K1, GK, etc.)			
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTHISET	SACKS CEMENT
			0.00
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of	l and must be equal to or exceed top allow-
OIL WELL	able for this de	ipsh or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method /Flow, pump. gas	ujs, etc.)
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Chore Size
	00 2512	Water-Bbls.	Ggs-MCF
Actual Prod. During Test	Oil-Bbls.		. .
		Language de la companya de la compan	
GAG WEY			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
More in town 1 and 1 more / 10			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Training Manager (Prince)			
I. CERTIFICATE OF COMPLIAN	CF	OII CONSERV	ATION COMMISSION
I. CERTIFICATE OF COMPLIAN	ICE		
I havely carrify that the rules and	regulations of the Oil Conservation	APPROVED	, 19
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.			Od Orange
		BY	
		TITLE	h
			compliance with RULE 1104.
(harles)	4.	realistic and appropriate for alle	wahla for a newly drilled or deepened
have	nature)	I as a form must be accome	senied by a tabulation of the deviction
Proration Clerk	10.00 C/ /	Il same taken on the well in acc	ordance with RULE 111.
		feets taken on the work in the	
(Title)		All sections of this form n	nust be filled out completely for allow-
,	(itle)	All sections of this form mable on new and recompleted to	nust be filled out completely for allow- wells. II III and VI for changes of owner,
December 3, 1973	itle)	All sections of this form mable on new and recompleted with Fill out only Sections L. well name or number, or transport	nust be filled out completely for allow-