FILE	· .	AND	•	Lisective 1-1-0.	<b>.</b>
U.S.G.S.	AUT RIZATION TO TRA	NSPORT OIL AND '	TURAL GA	AS	
LAND OFFICE		•		· · ·	•
TRANSPORTER OIL GAS					
OPERATOR	<u> </u>	· · · · · · · · · · · · · · · · · · ·			•
PRORATION OFFICE	<u> </u>				
Operator SUN TEXAS COM	PANY				
Addiess					
P. O. Box 406 Reoson(s) for filing (Check proper box)	57 Midland, Texas	0ther (Please e	plain)		
New Woll	Change in Transporter of:	<u> </u>			
Recompletion Change in Ownership X	Oil Dry Ga Casinghead Gas Conder				
If change of ownership give name and address of previous owner	TEXAS PACIFIC OIL COMP.	ANY, INC. P. O.	<u>Box 4067</u>	Midland, T	x. 79704
DESCRIPTION OF WELL AND L Lease Name	Well No. Pool Name, Including Fo		ind of Lease		Lease No.
Emerr-B-1	HERINAL HERINA	(GPAYRIPG) S	ate, Federal (	or Fee 12D.	
Location 3.27	Feet From The Statt Lin	e and (CID	Feet From Th	· (JEST	
Unit Letter 177 : 736.			) -	~	Granda
Line of Section (C. Town	ship 72.5 Range	3)-2, МИРМ,	<u> </u>	[9	County
DESIGNATION OF TRANSPORTI	ER OF OIL AND NATURAL GA	S Address (Cive address to s	which approve	d corry of this form is to	be senti
Ncr.e of Authorized Transporter of Oil	or Condensate	P.A. B.V 1.5	19 - M	idland TX	7970/
None of Authorized Transporter of Castr	ngh=ad Gas or Dry Gas	Address (Give address to )	which approve	d copy of this form'is to	be sent)
Neme of Additional of a		 			
If well produces of or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected?	l <sup>When</sup> I		
If this production is commingled with			umber:		·•
COMPLETION DATA				Plug Back Same Res'	v. Diff. Res'v.
Designate Type of Completion			1		1
	Date Compl. Ready to Prod.	Total Depth .		P.B.T.D.	
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth	
Elevations (Dr. AAD, Ar, ok, etc.)	-			Depth Casing Shoe	
Perforations			Deptin Gasing Shoe		
TUBING, CASING, AND CEMENTING R					
HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
					and top allor
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 hows)					
OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift,	etc.)	~
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
		Water-Bbls.		Gas-MCF	
Actual Prod. During Test					
GAS WELL Actual Prod. Tout-MCF/D	Length of Test	Bbls. Condenscie/MMCF		Gravity of Condensate	
Actual Float Float Matrice				Choke Size	
Testing Nothod (pitot, back pr.)	Tubing Presswe (Shot-in)	Cosing Pressure (Shut-in			
CERTIFICATE OF COMPLIANCE					
	APPROVED		eg.,	9	
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.		Drig. Signa BY Jorry Series			
		Dist 1. Suge			
	$\sim \rho$	TITLE	filed in co	moliance with BULE	1104.
This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep If this is a request for allowable for a newly drilled or deep					for deepesed
(Signation of the device) well, this form must be accompanied by a tabuation of the device (Signation)					
Regional Operation	ns Superintendent/West SEP 1 2 1980	Att pactions of this form must be filled out completely for allow-			
. (Title	All sections of ecompleted wells, able 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				
(Doie					
Separate Forma Crick Libre to the second sec					
					· ·