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|--|--|---|--|--|--|
| SANTA FE | | REQUEST FOR ALLOWABLE | | Supersedes Old C-104 and C-110 | |
| FILE | | AND | | Effective 1-1-65 | |
| U.S.G.S. | | AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| LAND OFFICE | | | | | |
| TRANSPORTER | | OIL GAS | | | |
| OPERATOR | | | | | |
| PRORATION OFFICE | | | | | |
| Operator | | | | | |
| SUN TEXAS COMPANY | | | | | |
| Address | | | | | |
| P. O. Box 4067 Midland, Texas 79704 | | | | | |
| Reason(s) for filing (Check proper box) | | | | Other (Please explain) | |
| New Well | | Change in Transporter of: | | | |
| Recompletion | | Oil | | Dry Gas | |
| Change in Ownership | | Casinghead Gas | | Condensate | |
| If change of ownership give name and address of previous owner | | | | | |
| TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX, 79704 | | | | | |
| DESCRIPTION OF WELL AND LEASE | | | | | |
| Lease Name | | Well No. | | Pool Name, Including Formation | |
| Elliott B-15 | | 2 | | Pemrose Skelly Hayburg | |
| Location | | Kind of Lease | | Lease No. | |
| Unit Letter | | North | | Federal | |
| A | | 660 | | East | |
| Line of Section | | Township | | Range | |
| 15 | | 22 | | 37 | |
| | | NMPM, | | Lea | |
| | | | | County | |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | |
| Name of Authorized Transporter of Oil | | or Condensate | | Address (Give address to which approved copy of this form is to be sent) | |
| Shlee Pipe Line | | | | Box 2099 Houston Tex. | |
| Name of Authorized Transporter of Casinghead Gas | | or Dry Gas | | Address (Give address to which approved copy of this form is to be sent) | |
| Getty | | | | Box 1650 Tulsa Oklahoma | |
| If well produces oil or liquids, give location of tanks. | | Unit | | Is gas actually connected? | |
| | | B | | Yes | |
| | | IS | | When | |
| | | 22 | | 10-25-66 | |
| | | 37 | | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | |
| COMPLETION DATA | | | | | |
| Designate Type of Completion - (X) | | Oil Well | | Gas Well | |
| | | | | | |
| Date Spudded | | Date Compl. Ready to Prod. | | Total Depth | |
| | | | | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, etc.) | | Name of Producing Formation | | Tubing Depth | |
| | | | | Depth Casing Shoe | |
| Perforations | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | |
| | | | | SACKS CEMENT | |
| | | | | | |
| | | | | | |
| | | | | | |
| 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 (pitot, back pr.) | | Tubing Pressure (shut-in) | | Casing Pressure (shut-in) | |
| | | | | Choke Size | |
| 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. | | | | | |
| Regional Operations Superintendent/West | | | | | |
| (Signature) | | | | | |
| (Title) | | | | | |
| SEP 12 1980 | | | | | |
| (Date) | | | | | |
| OIL CONSERVATION COMMISSION | | | | | |
| APPROVED | | | | | |
| BY | | | | | |
| 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 completed wells. | | | | | |