	OR ALLOWABLE	Effective 1-1-65
U.S.G.S. AUT RIZATION TO TRAN	AND SPORT OIL AND . FURAL GA	S
LAND OFFICE		
IRANSPORTER GAS	میں بار میں ہوتے ہیں۔ میں ایر کو میں میں میں ایر اور اور اور اور اور اور اور اور اور او	
OPERATOR		
PRORATION OFFICE		
SUN TEXAS COMPANY		
P O Box 4067 Midland, Texas	79704 Other (Please explain)	
Reoson(s) for filing (Check proper box) New Well Change in Transporter of:		
Recompletion OII Condense		
Charge in Ownership A		ντ ² - 4 πχ 7970/
If change of ownership give name TEXAS PACTFIC OTL COMPAN	NY, INC. P. O. Box 4067	<u>Midland, TX, 79704</u>
AND LEASE	Kind of Lease	Lease No.
DESCRIPTION OF HELL AND LEAD Well No. Pool Name, Including For	TRIRS () State, Federal c	or Fee NM ZA
STATE II IVI	Guyt.	Eact
Unit Letter A : 660 Feet From The NORTH Line	and (O(O() Feet From Th	
Line of Section 14 Township 23-S Range	36E, NMPM,	Lea County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Address (Give oddress to which approve	d come of this form is to be sent)
Nene of Authorized Transporter of Oli		
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)
Į	Is gas actually connected? When	
If well produces oil or liquids,	,, I	-1
If this production is commingled with that from any other lease or pool, g	ive commingling order number:	Det Diff Berty
COMPLETION DATA Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion - (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Compil Neddy to From	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Depth Casing Shoe
Perforations		Depth Custing one
TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE CASING & TUBING SIZE	DEPTH SET	
. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be of able for this det	ter recovery of total volume of load oll a other of for full 24 hours)	nd must be equal to or exceed top allow
OIL WELL Date First New Oil Aun To Tanks Date of Test	Producing Method (Flow, pump, gas lift	i, etc.) 5-
	Cosing Pressure	Choke Size
Length of Test Tubing Pressure	· · · · · · · · · · · · · · · · · · ·	Gas-MCF
Actual Prod. During Test Oil-Bbls.	Water - Bbls.	
	I	
GAS WELL	Bbls. Conderscie/MMCF	Gravity of Condensate
Actual Prod. Testamory 2	Cosing Pressure (Shut-in)	Choke Size
Tealing Mathod (pitot, back pr.) Tubing Pressure (Shut-in)		
. CERTIFICATE OF COMPLIANCE	CONSERVA	TION COMMISSION
the Oil Conservation	APPROVED	
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.		
above is true and complete to the offer of	TITLE Dist L. Super	
C.E.	This form is to be filed in compliance with RULE 1104.	
	This form is to be filted in comparison a newly drilled or deepen- If this is a request for allowable for a newly drilled or deepen- well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
(Signations) Regional Operations Superintendent/West	tests taken on the well in commust be filled out completely for allow	
(Tule) SEP 1 2 1980	able on new and recompleted there is an far changes of owned	
(Date)	Fill out only Sections I. II. III, and VI for Change of condition well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multipl	