

SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

REQUEST FOR ALLOWABLE
AND
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supplement No. 1-1-65
Effective 1-1-65

Operator
SUN TEXAS COMPANY
Address
P. O. Box 4067 Midland, Texas 79704
Reason(s) for filing (Check proper box)
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

I. DESCRIPTION OF WELL AND LEASE
Lease Name STATE A ALC-1 Well No. 532 Pool Name, Including Formation LEANNE MATTIX 7 LUGS Kind of Lease State, Federal or Fee STATE Lease No.
Location Unit Letter E 7980 Feet From The NORTH Line and 660 Feet From The WEST Line of Section 24 Township 23 S Range 36 C NMPM, LEA County

II. 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) P.O. Box 4067 Midland TX
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) P.O. Box 4067 Midland TX
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pgs. Is gas actually connected? When 4-8-59

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'r. Diff. Res'r.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
HOLE SIZE CASING & SACKS CEMENT
TUE

ILLEGIBLE

IV. 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 (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

V. 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
SEP 1 1980

OIL CONSERVATION COMMISSION
APPROVED BY Jerry Sexton Dist. 1, Supr.
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 filled for each pool in multiple.