	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1, Effective 1-1-65
	U.S.G.S.	AU1, JRIZATION TO TRA	AND ANSPORT OIL ANDTURAL C	SAS
	TRANSPORTER OIL GAS		·	
1.	OPERATOR PRORATION OFFICE Operator		ILL	EGIBLE
	SUN TEXAS COMPANY			
	P. 0. Box 4067 Midland, Texas 79704 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Woll	Change in Transporter of:		
	Recompletion Change in Ownership[X]	Oil Dry Ga Casinghead Gas Conder		
	If change of ownership give name and address of previous owner	ANY, INC. P. O. Box 406	7 Midland, TX, 79704	
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F TTNS CCL YF	ormation Kind of Lease	Lease No.
	(State, Federal	or Fee Fac
	Unit Letter 1	C Feet From The City Lin	be andFeet From T	he
	Line of Section 11 Tow	vnship Range	ри — , NMPM, / (4)	< County
11.	DESIGNATION OF TRANSPORT Nome of Authorized Transporter of Oil	CER OF OIL AND NATURAL GA	15 Tr(() Address (Give address to which approv	ed copy of this form is to be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	n -t
	COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	Plug Back Same Res [*] v. Diff. Res [*] v.
	Designate Type of Completio	n - (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spuddød			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!1/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
ا ۷.	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil a pth or be for full 24 hours)	ind must be equal to or exceed top allow
	OII. WELL Date First New Oil Aun To Tonks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbie.	Water-Bbla.	Gas • MCF
1				
	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.			TION COMMISSION
			APPROVED	
			Jerry Sexton	
			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 allow- able on new and recompleted wells. Fill out only Sections I. H. 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	
	(Signature)			
	Regional Operations Superintendent/West			
	(Tule) SEP 1 2 1980 (Date)			

01 CONSERVATION COMMISSION

HOBBS, NEW MEXICO 88240

Texas Pacific Oil Company, Inc. P. 0. Box 4067 Midland, Texas 79701

Gentlemen:

We have been advised by El Paso Natural Gas Company that your Cooper Well No. 5 located in Unit H of Section 14, T-24-S, R-36-E, has been disconnected from their gas gathering system.

Please submit Form C-103 indicating the present status and future plans for this well.

Yours very truly,

OIL CONSERVATION DIVISION

Jerry Sexton Supervisor, District 1

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D. CONSERVATION COMMISSION

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