

SANTA FE		REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-111 Effective 1-1-65	
FILE		AUT. ORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
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 <input type="checkbox"/>				Change In Transporter of:	
Recompletion <input type="checkbox"/>				Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change In Ownership <input checked="" type="checkbox"/>				Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
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	
A		7		CAMPBELL-MARTIN 7 LBS.	
Location		Kind of Lease		Lease No.	
Unit Letter		State, Federal or Fee		Federal	
D		7880 G. G. G.			
Feet From The		Line and		Feet From The	
1610		SOUTH		WEST	
Line of Section		Township		Range	
33		25-S		27-E	
		NMPM,		LEA	
				County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.				Is gas actually connected? When	
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 New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.					
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
				P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
				Tubing Depth	
Perforations				Depth Casing Shoe	
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/MCF	
				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					
SEP 12 1980					
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					