

FILE		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)															
New Well															
Recompletion															
Change in Ownership															
Change in Transporter of:															
Oil															
Dry Gas															
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															
Kind of Lease															
State, Federal or Fee															
Lease No.															
Location															
Unit Letter															
Feet From The															
Line and															
Feet From The															
Line of Section															
Township															
Range															
NMPM															
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)															
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?															
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'tv.															
Diff. Res'tv.															
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															
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 (Shot-in)															
Casing Pressure (Shot-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.															