

SANTA FE		REQUEST FOR ALLOWABLE AND		Effective 1-1-65	
FILE		AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRODUCTION OFFICE					
Operator					
SUN TEXAS COMPANY					
Address					
P. O. Box 4067 Midland, Texas 79704					
Reason(s) for filing (Check proper box)					
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"/>					
Other (Please explain)					
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	
11111		54		SUNTEX (GAS)	
Kind of Lease		Lease No.			
State <u>TX</u> or Fee <u>State</u>					
Location					
Unit Letter <u>5</u> : <u>1000</u> Feet From The <u>NORTH</u> Line and <u>160</u> Feet From The <u>WEST</u>					
Line of Section <u>8</u> Township <u>24</u> Range <u>30</u> NMPM, <u>12</u> 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)			
None					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
E. A. H. Petroleum		11111, Midland, Texas			
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
		Twp.		Rge.	
				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		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing F		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 (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	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, 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.					
C. Engler					
(Signature)					
Regional Operations Superintendent/West					
(Title)					
SEP 12 1980					
(Date)					
OIL CONSERVATION COMMISSION					
APPROVED _____, 19____					
BY _____					
Only Signed By					
Jerry Sexton					
TITLE _____					
Dist. 1, Supv.					
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.					