

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico

12-30-59

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Sunray Mid-Continent Oil Company Es-La-Nel-E-Wood Well No. 2, in SW 1/4 SE 1/4,
(Company or Operator) (Lease)

0, Sec. 22, T. 25N, R. 11W, NMPM, Risti Lower Gallup Pool
Unit Letter

San Juan

County. Date Spudded 4-13-57

Date Drilling Completed 4-24-57

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O X	P

Elevation 6497 W Total Depth 5010 PBD 4976

Top Oil/Gas Pay 4906 Name of Prod. Form. Lower Gallup

PRODUCING INTERVAL -

Perforations 4923-27, 4929-33, 4953-60

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____
Tubing 4947

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: 1805 MCF/Day; Hours flowed 4 Choke Size 1/4"

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>373</u>	<u>200</u>
<u>5 1/2</u>	<u>5008</u>	<u>200</u>
<u>2 3/8</u>	<u>4946</u>	

Method of Testing (pitot, back pressure, etc.): Back Pressure

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter None

Gas Transporter None-to be El Paso Natural Gas Co.

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved DEC 31 1959, 19____

Sunray Mid-Continent Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

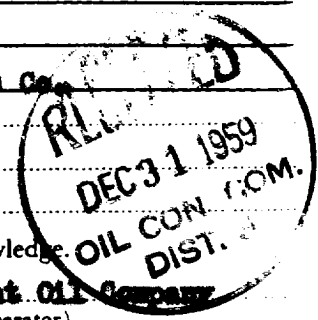
By: Helmut M. Sherwald
(Signature)

By: _____

Title Engineer
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name Sunray Mid-Continent Oil Company
166 Petroleum Center Building
Address Farmington, New Mexico



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