

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~WATER~~ 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 QUADRUPPLICATE 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.

Denver, Colorado

November 18, 1963

(Place)

(Date)

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

Sunray DX Oil Company

Central Bisti Unit

Well No. 65

in SW

1/4 SW

1/4

(Company or Operator)

(Lease)

M

Sec. 9

T. 25N

R. 12W

NMPM.

Bisti Lower Gallup

Pool

Unit Letter

San Juan

County. Date Spudded July 27, 1959

Date Drilling Completed Aug. 3, 1959

Please indicate location:

Elevation 6222'

Total Depth 4931'

PBTD 4896'

Top Oil/Gas Pay 4736'

Name of Prod. Form. Lower Gallup

PRODUCING INTERVAL -

Perforations 4742-58', 4772-4806', 4815-26' & 4830-42'

Open Hole -

Depth

Depth

Casing Shoe

4930'

Tubing

4685'

OIL WELL TEST - Flowing back water - will report test later

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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

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

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): None

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

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8"	285'	175
5 1/2"	4930'	225
2 3/8"	4685'	

Remarks: This well was completed as a water injection well. It has been converted into a producing well effective 11-1-63.

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

Approved: _____, 19_____

Sunray DX Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: D. E. Hall
(Signature)

Title District Engineer

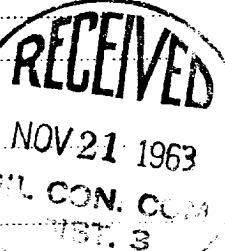
Send Communications regarding well to:

By: _____

Title _____

Name Sunray DX Oil Company

101 University Bldg.
Address Denver, Colorado 80206



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR		