

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		2
PRORATION OFFICE		

I.

Operator Sunray DX Oil Company		
Address P. O. Box 1416, Roswell, New Mexico		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Table Mesa	Well No. 1	Pool Name, including Formation Wildcat - Paradox	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter N	790 Feet From The	8 Line and	1850 Feet From The W
Line of Section 27	Township 28N	Range 17W	NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> McLeod Corporation	Address (Give address to which approved copy of this form is to be sent) 2003 Wilco Bldg., Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Not Connected	Address (Give address to which approved copy of this form is to be sent) 6		
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 27	Twp. 28N Rge. 17W
	Is gas actually connected?		When
	No		-

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-15-65	Date Compl. Ready to Prod. 9-4-65	Total Depth 7411	P.B.T.D. 7411					
Pool Wildcat	Name of Producing Formation Paradox (PENN'IE)	Top Oil/Gas Pay 7256	Tubing Depth 7200					
Perforations			Depth Casing Shoe Open hole completion					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4	13-3/8	247	275
12-1/4	8-5/8	4983	400
7-3/4 & 4-3/4	5-1/2	7256	350
	2-3/8	7200	-

V. 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)

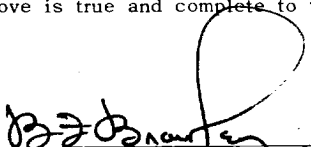
Date First New Oil Run To Tanks 9-4-65	Date of Test 9-4-65	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 700	Casing Pressure Pkr.	Choke Size 12/64
Actual Prod. During Test 346 total bbls.	Oil-Bbls. 105	Water-Bbls. 241	Gas-MCF 66.4

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.


B. F. Brawley
(Signature)
District Engineer
(Title)
9-4-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED **9-9**, 19 **65**
BY **Original Signed Emery C. Arnold**
TITLE **Supervisor Dist. # 3**

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 Sections I, II, III, and VI only 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