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| | SANTA FE | | 1 | | | |
| | FILE | | 1 | - | _ | |
| | U.S.G.S. | | | | | |
| I. | LAND OFFICE | | | | | |
| | TRANSPORTER | OIL | / 要 | | | |
| | OPERATOR | | 2 | | | |
| | PRORATION OFFICE | | | | | |
| | Cperator | | | | | |
| | Sumray DX Oil Com | | | | | |
| | Sun | ray D | X 0: | 11 C | CH | |
| | Address | rey D | X O: | 11 C | CIII | |
| | Address | | | | | |
| | Address | O. Bo | x 1 | ļ16, | | |
| | Address P. | O. Bo | x 1 | ļ16, | | |
| | Address Reason(s) for filing | O. Bo | x 1 | ļ16, | | |
| | Reason(s) for filing New Well | Check | x 1 | ļ16, | | |
| | Reason(s) for filing New Well Recompletion | Check | r 1 | h 16, box) | | |
| | Reason(s) for filing New Well Recompletion Change in Ownership | (Check | e nar | 116, box) | R | |
| | Reason(s) for filing New Well Recompletion Change in Ownership If change of owners and address of prev | O. Bo | e nar | box) | R | |

III.

| SANTA FE / | 1 | FOR ALLOWABLE | Supersedes Old C-104 and C-1 | | |
|--|--|--|--|--|--|
| FILE / | AUTUODIZ (710) - 2 7 7 1 | AND | Effective 1-1-65 | | |
| U.S.G.S. LAND OFFICE | AUTHORIZATION TO TRA | INSPORT OIL AND NATURAL | GAS - 5 | | |
| TRANSPORTER OIL / | | | Z 1. | | |
| GAS 7 | <u> </u> | | <i>∶</i> | | |
| OPERATOR A PROPERTY OF THE PRO | | | | | |
| PRORATION OFFICE Cperator | | | | | |
| Sunray DX 011 | Company | | | | |
| Address | | | | | |
| | Roswell, New Mexico | Other (Places applain) | 00: | | |
| Reason(s) for filing (Check proper bo. New Well | x) Change in Transporter of: | Other (Please explain) | OX OIL CO. | | |
| Recompletion | | | NAME CHANGED DX DIVISION | | |
| Change in Ownership | Casinghead Gas Conder | isate SIN OLD | 25, 1968 | | |
| If change of ownership give name | | 00102 | | | |
| and address of previous owner | | | | | |
| DESCRIPTION OF WELL AND | LEASE | | | | |
| Lease Name | Well No. Pool Na | me, Including Formation | Kind of Lease | | |
| Navajo Table Mesa | 2 Wild | cat - Paradox | State, Federal or Fee | | |
| Location | ron Sandh | e and 1980 Feet Fron | - Fact | | |
| Unit Letter; | 790 Feet From The South Lin | e and Feet From | n The East | | |
| Line of Section 27 , To | ownship 281 Range | 17W , NMPM, 8e | n Juan County | | |
| | | • | | | |
| DESIGNATION OF TRANSPOR Name of Authorized Transporter of O | RTER OF OIL AND NATURAL GA | | roved copy of this form is to be sent) | | |
| MeWood Corp. | or condensate | 2003 Wilco Building, | | | |
| Name of Authorized Transporter of Co | asinghead Gas or Dry Gas | | roved copy of this form is to be sent) | | |
| Not Connected | | • | | | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | Vhen | | |
| give location of tanks. | N 27 28N 17W | | | | |
| f this production is commingled w COMPLETION DATA | ith that from any other lease or pool, | give commingling order number: | | | |
| | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res' | | |
| Designate Type of Complet | | X : | 1 | | |
| Date Spudded 9-27-65 | Date Compl. Ready to Prod. | Total Depth 8008 | P.B.T.D. 7329 | | |
| y-2(-0) Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| Wildcat | Paradox | 7295 | 7306 | | |
| Perforations | | | Depth Casing Shoe | | |
| 7295-7300 | | | 7376 | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| 17 1/2 | 13 3/8 | 265 | 250 | | |
| 12 1/4 | 9 5/8 | 5201 | 600 | | |
| 7 3/4 | 5 1/2 | 7376 | 100 | | |
| | 2 | Open end - Pkr 721 | | | |
| TEST DATA AND REQUEST I | FOR ALLOWABLE (Test must be a able for this de | fter recovery of total volume of load o apth or be for full 24 hours) | il and must be equal to or exceed top allo | | |
| Date First New Cil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) | | |
| 11-8-65 | 11-8-65 | Flow | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| 24 hrs Actual Prod. During Test | 0il-Bbls. | Pir Water-Bbls. | 10/64 Gas-MCF | | |
| 219 Total Bbls. | 52 | 167 | 10CCPENTS | | |
| EAT 44AET MATE | | | TRELLIVED Y | | |
| GAS WELL | | | 1700- | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Completed 5 1965 | | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Siz OIL CON. COM | | |
| restring wethou (phot, back pr.) | Tabling 1 1000 are | , 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 | DIST. 3 | | |
| CERTIFICATE OF COMPLIA | NCE | OIL CONSERV | ATION COMMISSION | | |
| CLIVIII TOTALL OF COME LIAN | | | ······································ | | |
| | regulations of the Oil Conservation | APPROVED NOV 1 5 196 | | | |
| Commission have been complied | with and that the information given he best of my knowledge and belief. | BYOriginal S | BY Original Signed Emery C. Arnold | | |
| and the complete to the | | I k | | | |
| , ^ | | TITLE Supervisor Di | | | |
| OR. 11- | | | This form is to be filed in compliance with RULE 1104. | | |
| Jel A falm | J. B. Hastings | If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111. | | | |
| // | gnature) | | | | |
| | on Engineer Fitle) | All sections of this form must be filled out completely for allow able on new and recompleted wells. | | | |
| | | Fill out Sections I. II. I | II, and VI only for changes of owner | | |
| (| 10, 1965 | well name or number, or transp | orter, or other such change of condition | | |

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 completed wells.