

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 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.

Odessa, Texas
(Place)

2-7-64
(Date)

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

Sun Oil Company State of New Mexico "C", Well No. 1, in SW 1/4 NW 1/4,
(Company or Operator) (Lease)

E, Sec. 7, T. 11S, R. 34E, NMPM, Inho-Pann (Undesignated) Pool
Unit Letter

Lea County. Date Spudded 12-5-63 Date Drilling Completed 1-26-64

Please indicate location:

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

Elevation 4202' Gr. Total Depth 9830' PBD 9797'

Top Oil/ Gas Pay 9756' Name of Prod. Form. Bough "C"

PRODUCING INTERVAL -

Perforations 9764 - 9778 w/2 JSPF

Open Hole - Depth Casing Shoe 9830' Depth Tubing 9720'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 280.14 bbls. oil, 205.62 bbls water in 24 hrs, - min. Choke Size 20/64

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	388	50
8-5/8	3993	1100
4-1/2	9822	300
2 1/2 EUE	9720	-

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): Acidized 9764-78 w/500 gal. CMA 15% acid w/citric buffer.

Casing Tubing Date first new Press. oil run to tanks 2-1-64

Oil Transporter Melwood Corp.

Gas Transporter Warren Pet. Company

Remarks:

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

Approved: _____, 19_____

SUN OIL COMPANY

(Company or Operator)

By: *O. J. Williams*
(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title: Area Superintendent

Send Communications regarding well to:

Title: _____

Name: Sun Oil Company

Address: P.O. Box 2792, Odessa, Texas