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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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.

Hobbs, New Mexico
(Place)

9-27-63
(Date)

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

Sunray Oil Company
(Company or Operator)

U.D. Sanger
(Lease)

Well No. 5, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,

0
Unit Letter

Sec. 27, T. 9S, R. 36E, NMPM., Crossroads Devonian Pool

Lee

County. Date Spudded 6-28-63

Date Drilling Completed 9-26-63

Elevation 4033.5

Total Depth 12180 PBTD 12177

Top Oil/Gas Pay 12144

Name of Prod. Form. Crossroads Devonian

Please indicate location:

R 36E

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

330' FSL 2310 FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13 3/8</u>	<u>235'</u>	<u>200</u>
<u>8 5/8</u>	<u>4186'</u>	<u>1035</u>
<u>5 1/2</u>	<u>12177</u>	<u>225</u>
<u>2</u>	<u>12177</u>	<u>-</u>

PRODUCING INTERVAL -

Perforations 12168 -75

Open Hole None

Depth Casing Shoe 12177 Depth Tubing 12177

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): 425 bbls. oil, 0 bbls water in 2 1/2 hrs, _____ min. Choke Size Swab

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): Washed perfs w/250 gal LDX acid

Casing Press. _____ Tubing Press. _____ Date first new oil run to tank 9-26-63

Oil Transporter Magnolia Pipeline Co.

Gas Transporter None

Remarks:

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

Approved: _____, 19____

Sunray Oil Company

(Company or Operator)

By: J.R. Mayall
(Signature)

Title: District Engineer

Send Communications regarding well to:

Name: G. T. McClanahan

P.O. Box 128, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____