NUMBER OF COP			NTY MEX		CONSERV ta Fe, New M		OMMISSION	(Form C-104) Revised 7/1/57
FILE U.B.G.S. LAND OFFICE	01L		REQUEST	FOR	(OIL) - (C	GAS) AI		
PROBATION OFFICE	GA3					Aug I	0 6 52 AM	New Well Recompletion
Form C-104 able will be a	is to be subr assigned effe	nitted in QU ective 7:00 A recompletio	ADRUPLICAT	E to the san completion c on date sha	ne District Om or recompletion .ll be that date	n, provided t in the case of	this form is filed	l Oil or Gas well. i sent. The allow- l during calendar en new oil is deliv-
ered into th	C STOCK CAILS	5. V ar mase s			Hebbs.	Nex Mexic	<u>Q</u>	8-5-64 (Date)
WE ARE H	EREBY RI	QUESTING	G AN ALLOWA	BLE FOR	A WELL KN	IOWN AS:	. 551	
Sunraj	mpany or Ope	Company,	N.M. State "	AS" (Lease)	, Well No	k	, in 3% //	1/4
G	Sec.	29	T118 , F	<u>,</u> 33Ε	, NMPM.,	Undesi	gnated	Pool
Unit Let	iter		County. Date S					7-29-64
			Elevation 12	88 GL	Total	1 Depth_ 10_7	02	10,615
Pleas R	e indicate l		Top Oil/Gas Pay_	10,007	Name	of Prod. For	. Strawn	
D	C B	A	PRODUCING INTERV					
E	FG	H	Perforations	0,007-10,	016 W/2 DU Dept	h	Depth	10.003
	29 I	1 1	Open Hole		Casi	ng Shoe <u>ll</u>		
L	K J	I		est:	_bbls.oil	bbls w	ater inhr	Choke s,min. Size
M	N O	P	load oil used):	Ц17 _ьы	Treatment (aft ls.oil, <u>10</u>	er recovery o	of volume of oil in 21 hrs, <u>-</u>	equal to volume of Choke min. Size <u>13/6</u> 4
1980' F	NL & 1984)' FEL	GAS WELL TEST -		MCF/	Day; Hours fl	lowedCho	ke Size
	FOOTAGE)	enting Record	Method of Testi	.ng (pitot, b	ack pressure, e	etc.):		
Sire	Feet	Sax	Test After Acid	i or Fracture	Treatment:		MCF/Day; Hou	urs flowed
13 3/8	380	100	Choke Size					
8 5/8	3840	515	Acid or Fractur sand): 500	e Treatment gal BDA	(Give amounts o	of materials u	used, such as aci	d, water, oil, and
5 1/2	10702	650	Casing Press. Pkr .		Date firs	to tanks		8-4-64
2 3/8	10023		Oil Transporter Gas Transporter			roleum Cor	· · ····	
↓			Gas Transporter	- <u> 201 94</u>	L			•••••
Remarks:.		•• •• • • • • • • • • • • • • • • • • •		••••••••••••••••••	••••••			••••••
I her	eby certify	that the info	rmation given a	bove is true	and complete	to the best of	f my knowledge.	
Approved.	August	6,		, 19. 64	Sunr		pany or Operator)	
			/~	_	By:	May	abt V.	. Hayabb
° C	$\operatorname{DIL} \operatorname{CONS}$	ERVATION	COMMISSION	ソ	-,	Y	(Signature)	
By:	Here C		Ani	<u></u>		nd Commun McClan	nications regarding	ng well to:
Title					Name P. (). Box 12	B. Hobbs. Ne	w Mexico

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