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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

I.

Operator Sunray Oil Company	
Address P. O. Box 1416, Roswell, New Mexico	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain) * This well was completed and temporarily abandoned in March, 1965, and is now being placed on production.	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico State "AW"	Well No. 1	Pool Name, Including Formation Simanola Penn <i>Lada Pennsylvanian R-3472</i>	Kind of Lease State, Federal or Fee State
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 20 , Township 10S Range 34E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Pennian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3120, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit A Sec. 20 Twp. 10S Rge. 34E	Is gas actually connected? - When -

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 2-4-65	Date Compl. Ready to Prod. 6-18-66		Total Depth 10,025		P.B.T.D. 9,980			
Pool Simanola Penn	Name of Producing Formation Penn		Top Oil/Gas Pay 9,907		Tubing Depth 9,149			
Perforations 9907, 12, 26, 37, 64					Depth Casing Shoe 10,025			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17 1/2	CASING & TUBING SIZE 13 3/8		DEPTH SET 380		SACKS CEMENT 375			
12 1/4	8 5/8		4,089		600			
7 7/8	5 1/2		10,025		100			
-	2 3/8		9,149		-			

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 6-18-66	Date of Test 6-19-66	Producing Method (Flow, pump, gas lift, etc.) Hydraulic Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 1364.94	Oil-Bbls. 264.94	Water-Bbls. 1,100	Gas-MCF 331

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

I. 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.

J. B. Hastings
J. B. Hastings
Production Engineer
June 20, 1966
(Date)

OIL CONSERVATION COMMISSION	
APPROVED _____, 19 _____	
BY _____	
TITLE _____	
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 completed wells.	