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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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.

Hobbs

October 18, 1962

(Place)

(Date)

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

Sunray Oil Company
(Company or Operator)

Y. F. Bowley
(Lease)

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

Undesignated

(Milnesand San Andres)

Pool

Q, Sec. **12**, T. **8S**, R. **34E**, NMPM,

Roosevelt

County. Date Spudded **9/30/62**

Date Drilling Completed **10/10/62**

Elevation **4247' GL**

Total Depth **4700'** PBDT **-**

Top Oil/Gas Pay **3792'**

Name of Prod. Form. **San Andres**

Please indicate location:

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

PRODUCING INTERVAL -

4583-87', 4593-95', 4598-4600', 4606-08', 4616-18', 4620-22',

Perforations **4625-27', 4630-32'**

Depth **4707'** Depth **4618'**

Open Hole

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

load oil used): **276** bbls. oil, **0** bbls. water in **24** hrs, **0** min. Size **19/64"**

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): **2000 gals BDA, 20,000 sand, 20,000 gals refined oil**

Casing Press. **1025#** Tubing Press. **490#** Date first new oil run to tanks **10/16/62**

Oil Transporter **McWood Corporation**

Gas Transporter **Sinclair Oil & Gas Company (Negotiating)**

Remarks: **See reverse side for Deviation record.**

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: **R. E. Statton** (Signature)
District Engineer

Title: _____ Send Communications regarding well to:

Name: **C. T. McGlanahan**

Box 128, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title: _____

DEVIATION RECORD

1/2°	•	500'
1/4°	•	1280'
3/4°	•	1780'
1/2°	•	1923'
1/4°	•	2423'
1/2°	•	2602'
3/4°	•	3102'
1 1/2°	•	3376'
1°	•	3664'
3/4°	•	3891'
1/2°	•	4095'
1/4°	•	4255'
1/4°	•	4374'
1/2°	•	4494'
1/2°	•	4575'

I, R. E. Statton, hereby certifies the above Deviations to be true and correct to the best of my knowledge.

R. E. Statton
(Signature)

Subscribed and sworn to before me on this the 18th day of October, 1962

Donna B. Bink Notary Public in and for Lea County, New Mexico

MY COMMISSION EXPIRES MAY 27, 1964