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

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

R E C

APR 9 1968

Operator		Sunray DX Oil Company		
Address				
P. O. Box 1416 - Roswell, New Mexico				
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	Change lease name from Dodd B " location of tanks	
Recompletion	<input type="checkbox"/>	Oil		<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner Tom Boyd Drilling Company - 501 West Texas, Artesia, New Mexico

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Boyd-Dodd "B"		2	Square Lake	State, Federal or Fee	LC-058362
Location					
Unit Letter	I	1980	Feet From The South	Line and 660	Feet From The East
Line of Section	11	Township	17-S	Range	29-E
				NMPM,	Eddy
				County	

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Texas-New Mexico Pipeline Company		Box 1510 - Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Company		Phillips Pet. Building - Odessa, Texas				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	11	17-S	29-E	Yes	3-1-62

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

John Hastings John Hastings
(Signature)

District Engineer
(Title)

April 8, 1968

(Date)

OIL CONSERVATION COMMISSION

APR 9 1968

APPROVED _____, 19____

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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 only Sections I, II, III, and VI 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.

