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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
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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

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CORRECTED REPORT

APR 23 1968

EFFECTIVE 4-1-70

~~SUNRAY DX OIL CO.~~

NAME CHANGED TO:

SUN OIL CO. - DX DIVISION

OCTOBER 25, 1963

SUN OIL COMPANY - DX DIVISION

O. C. C.

NAME CHANGED TO

ARTESIA, OFFICE

SUN OIL COMPANY

Operator	Sunray DX Oil Company	Address	P. O. Box 1414 - Roswell, New Mexico
Reason(s) for filing (Check proper box)	Other (Please explain)	Address	P. O. BOX 2880 DALLAS, TEXAS 75201
New Well <input type="checkbox"/>	Change in Transporter of:	<i>To correct tank battery location</i>	
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 - 501 West Texas, Artesia, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Boyd - Dodd "B" 155

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Boyd - Dodd "B"	3	Square Lake	State, Federal or Fee Fed.	LC-058362
Location				
Unit Letter	0	1980 Feet From The East	Line and 660	Feet From The South
Line of Section	11	Township 17-S	Range 29-E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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
P 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:

IV. COMPLETION DATA

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
 District Engineer
 April 22, 1968

OIL CONSERVATION COMMISSION

APPROVED *W. A. Gressett*, 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.