

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 QUADRUPLICATE 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, New Mexico 2-10-59
(Place) (Date)

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

Sunray Mid-Continent Oil Company N.M. State #0, Well No. 2, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)

D, Sec. 13, T. 19S, R. 26E, NMPM., E. Millman Queen & Bbg. Pool
Unit Letter

Eddy County. Date Spudded 12-28-58 Date Drilling Completed 1-26-59
Elevation 3399 DF Total Depth 2220 PBTD 2190

Please indicate location:

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

660N 660W

Top Oil/Gas Pay 1740 Name of Prod. Form. Queen & Grayburg

PRODUCING INTERVAL -

Perforations 1740-52', 2108-10', 2118-30', 2140-48'

Open Hole - - Depth Casing Shoe 2218 Depth Tubing 2008

OIL WELL TEST -

Natural Prod. Test: 1 bbls. oil, tr. bbls water in 1 hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 240 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 16/64" Choke

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): 30,000 gal. oil & 150,000# sand

Casing Tubing Date first new Press. 540 Press. 240 oil run to tanks 2-1-59

Oil Transporter Permian Oil Company

Gas Transporter No purchaser in area

Tubing, Casing and Cementing Record

Size Feet S&X

8 5/8	364	150
5 1/2	2218	275
2	2008	

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved, 19 Sunray Mid-Continent Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M L Armstrong
Title

By: M Statter
(Signature)

Title Area Engineer
Send Communications regarding well to:

Name C. T. McElanahan

Address Box 128, Hobbs, N.M.

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

HOBBS OFFICE 000

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1959 FEB 3 AM 7:51

Company or Operator Sunray Mid-Continent Oil Company Lease N.M. State "00"
Well No. 2 Unit Letter D S 13 T 198 R 288 Pool East Millman Queen Grayburg
County Eddy Kind of Lease (State, Fed. or Patented) State
If well produces oil or condensate, give location of tanks: Unit S T R
Authorized Transporter of Oil or Condensate Permian Oil Company
Address P. O. Box 2747, Midland, Texas
(Give address to which approved copy of this form is to be sent)
Authorized Transporter of Gas Verted
Address _____
(Give address to which approved copy of this form is to be sent)
If Gas is not being sold, give reasons and also explain its present disposition:
No Purchaser in Area.

Reasons for Filing: (Please check proper box) New Well _____ (X)
Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()
Change in Ownership _____ () Other _____ ()
Remarks: _____ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the _____ day of _____ 19 _____

By [Signature]

Approved _____ 19 _____

Title Area Engineer

OIL CONSERVATION COMMISSION

Company Sunray Mid-Continent Oil Company

By [Signature]

Address Box 128

Title _____

Hobbs, New Mexico