

REQUEST FOR (OIL) - (GAS) ALLOWABLE

APR 4 1961 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.

April 3, 1961

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

Sunray Mid-Continent Oil Company N. M. State "Y", Well No. **1**, in **SW** **NE** $\frac{1}{4}$, $\frac{1}{4}$,

(Company or Operator) **32** T. **188** R. **31E**, **N. Shugart Queen Grayburg** Pool

Unit Letter

Eddy

County. Date Spudded **1/16/61**

Date Drilling Completed **2/23/61**

Please indicate location:

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

1650' PNL & 2310' PNL

Elevation **3500'** Total Depth **3750'** PBD **Queen**
Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL -

3468-90', 3582-3602', 3657-83' 2 holes/ft

Perforations _____ Depth **3726** Depth **None**
Open Hole _____ Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: **No 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): **21** bbls. oil, **70** bbls water in **24** hrs, **0** min. Size **Pump**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	900	200
2 7/8	3726	160

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): **25,000 gal ref oil & 45,000# ad & 90 balls @ 5750# & 15 BPM**

Casing _____ Tubing _____ Date first new **March 31, 1961**
Press. _____ oil run to tanks

The Permian Corporation

Oil Transporter _____

Gas Transporter _____

Remarks: **This is one side of tubingless dual completion. Forms C-104 & C-110 submitted previously for other side. Forms C-103 & C-105 also previously submitted for work covering both sides.**

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

Approved: **APR 4 1961**, 19_____

Sunray Mid-Continent Oil Company

(Company or Operator)

By: **R. E. Statton** (Signature)

District Engineer

Title: Send Communications regarding well to:

Name: **C. T. McClanahan**

Address: **Box 128 Hobbs, New Mexico**

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title: **OIL AND GAS INSPECTOR**

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
(Rev. 7-60)

APR 4 1961

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

O. O. O.
ARTESIA OFFICE
Vol. No.

Company or Operator Sunray Mid-Continent Oil Company				Lease No. N. M. State #7		V. No. 1	
Unit Letter G	Section 32	Township 18S	Range 31E	County Eddy			
Pool N. Shugart Queen Grayburg				Kind of Lease (State, Fed.) State E-10001			
If well produces oil or condensate give location of tanks		Unit Letter G	Section 32	Township 18S	Range 31E		
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation				Address (give address to which approved copy of this form is to be sent) P. O. Box 4157 Midland, Texas			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> No market available		Date Connected	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:

REASON(S) FOR FILING (please check proper box)

New Well ☒
Change in Transporter (check one)
Oil ☐ Dry Gas ☐
Casing head gas ☐ Condensate ☐

Change in Ownership ☐
Other (explain below)

Remarks

This is one side of tubingless dual completion

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

Executed this the **3rd** day of **April**, 19**61**

OIL CONSERVATION COMMISSION

By

Approved by

Title

Title

Company

Date

Address

M. L. Armstrong
OIL AND GAS INSPECTOR

R. E. Statton
District Engineer

Sunray Mid-Continent Oil Company

APR 4 1961

Box 128 Hobbs, New Mexico

**OIL CONSERVATION COMMISSION
ARTESIA DISTRICT OFFICE**

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FILE		<input checked="" type="checkbox"/>
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