

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 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.

Farmington, New Mexico

5-18-61

(Place)

(Date)

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

Sumray Mid-Continent Oil Co. Farmington Townsite Unit 1, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)

B, Sec. 2, T. 29N, R. 13W, NMPM, Basin Dakota Pool
Unit Letter

San Juan

County. Date Spudded 4-14-61 Date Drilling Completed 4-27-61

Please indicate location:

Elevation 5520 Total Depth 6002 6200 FBT 6030

Top Oil/Gas Pay 6035 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6035-50, 6101-07, 6116-20, 6127-51

Open Hole _____ Depth _____ Casing Shoe 6001 Depth 5991 Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size Feet Sax

<u>8-5/8</u>	<u>323</u>	<u>275</u>
<u>4-1/2</u>	<u>6001</u>	<u>700</u>
<u>2-3/8</u>	<u>5991</u>	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 2060 MCF/Day; Hours flowed 2h

Choke Size open Method of Testing: PITOT TUBE

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 85,000 gal. water 106,000 sand

Casing 160 Tubing 200 Date first new Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks: _____

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

Approved MAY 19 1961, 19 _____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

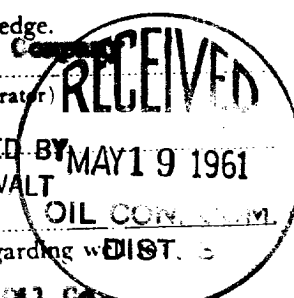
Sumray Mid-Continent Oil Co.
(Company or Operator)

By: ORIGINAL SIGNED BY MAY 19 1961
HAL M. STERNWALT

Title Engineer OIL CON. COM.
Send Communications regarding w DIST. 3

Name Sumray Mid-Continent Oil Co.

Address 166 Petroleum Center Bldg., Farmington, N.M.



STATE OF NEW MEXICO	
OIL COMMISSION COMMISSIONED	
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NUMBER OF COPIES REQUIRED	
DATE	
SANTA FE	
FILE	
U.S.G.S.	
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TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	