

**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  
(Place)

1/29/60  
(Date)

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

Sunray Mid-Continent Oil Co N.M. Federal "N" Well No. 1, in SW  $\frac{1}{4}$ , SW  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

M, Sec. 17, T. 30N, R. 12W, NMPM., Undesignated - Dakota Pool  
Unit Letter

San Juan

County. Date Spudded. 12/9/59 Date Drilling Completed 1/1/60  
Elevation 5862' DF Total Depth 6771 PBD 6736

Please indicate location:

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

Top Oil/Gas Pay 6488 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6488' to 6498', 6562' to 6572' & 6604' to 6608'  
Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe 6771 Depth \_\_\_\_\_  
Tubing 6736

OIL WELL TEST -

Natural Prod. 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): \_\_\_\_\_ 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>307</u>	<u>220</u>
<u>5 1/2</u>	<u>6771'</u>	<u>250</u>
<u>2 3/8</u>	<u>6480</u>	<u>-</u>

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

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: Choke

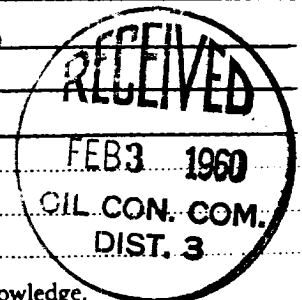
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500,000 Gal water & 50,000# Sand

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. 684 Press. 304 oil run to tanks 1/7/60

Oil Transporter \_\_\_\_\_

Gas Transporter None

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: Original Signed Emery C. Arnold Title: Engineer  
Supervisor Dist. # 3 Send Communications regarding well to:

Title \_\_\_\_\_ Name: Sunray Mid-Continent Oil Company

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

U.S. CONSERVATION COMMISSION		
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FILE	<b>1</b>	<input checked="" type="checkbox"/>