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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

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
(Place)

8-13-63
(Date)

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

Sunray IX

N.M. State "K"

Well No. **1**, in **SW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

0

Sec. **11**

T. **10S**

R. **32E**

NMPM, (**Mescalero Wolfcamp North**) Pool

Unit Letter

Lea

County. Date Spudded

Date Drilling Completed

Elevation **1269 DF**

Total Depth **10,775**

PBTD **8816**

Top Oil/Gas Pay **8622**

Name of Prod. Form. **Wolfcamp**

PRODUCING INTERVAL **8685-87, 8696-98, 8727-24, 8736-38, 8759-61, 8777-79,**

Perforations **8801-06, 8816-18, 8820-30, 8610-22, 8516-30.**

Open Hole

Depth Casing Shoe **10,270**

Depth Tubing **8621**

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): **3** bbls.oil, **55** bbls water in **24** hrs, _____ min. Size _____

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): **3500 gal HCl in 4 stages using 36-80's.**

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks **8/1/63**

Oil Transporter **McWood Corp.**

Gas Transporter **El Paso Natural Gas Company**

Remarks:

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

Approved _____, 19____

Sunray IX Oil Company

(Company or Operator)

By: **V. R. Mayabb**

(Signature)

V. R. Mayabb

Title **District Engineer**

Send Communications regarding well to:

Name **C. T. McClanahan**

OIL CONSERVATION COMMISSION

By: _____

Title _____

Hobbs, New Mexico