

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 a 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 a 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)

August 20, 1959

(Date)

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

Sunray Mid-Continent Oil Co. 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, North Mesquite-Pennsylvanian Pool
Unit Letter

Lee

County. Date Spudded 3-11-56Date Drilling Completed 5-26-56

Please indicate location:

Elevation 4274 HP Total Depth 10,775 PBD 10,420Top Oil/Gas Pay 10,184 Name of Prod. Form. Atoka Sand

PRODUCING INTERVAL -

Perforations 10,184 - 10,195Open Hole _____ Depth _____ Casing Shoe 10,270 Depth _____ Tubing 10,174

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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: 1000 OPP MCF/Day; Hours flowed _____ Choke Size _____Method of Testing (pitot, back pressure, etc.): 3" TesterTest After Acid or Fracture Treatment: None 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): NoneCasing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____Oil Transporter Yucca Petroleum ProductsGas Transporter El Paso Natural Gas

Remarks: This is a refile of Form C-104 submitted 10-18-56, at which time there was no transporter of oil or gas. This well has been shut in since completion 5-26-59

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: [Signature]
(Signature)

By: [Signature]Title: District Engineer

Send Communications regarding well to:

Title _____

Name: C. T. McClanahanAddress: Box 128, Hobbs, New Mexico

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22-7 0 1.1 GUN 301

Year	Value	Year	Value
1990	1.0	1995	1.0
1991	1.0	1996	1.0
1992	1.0	1997	1.0
1993	1.0	1998	1.0
1994	1.0	1999	1.0

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Condition	Control (%)	MCI (%)	AD (%)
A	~95	~85	~75
B	~90	~80	~70
C	~85	~75	~65
D	~95	~90	~85

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