## NO. OF COPIES RECEIVED DISTRIBUTION ... EW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS: LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE Crerator BTA Oil Producers 104 South Pecos, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Re-entry Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous DESCRIPTION OF WELL AND LEASE ol Name, Including Formation Well No. Legse No. Kind of Lease State, Federal or Fee Sunray 682 Ltd. State Vada-Pennsylvanian K-3731 1980 Feet From The Unit Letter\_J South Line and 1980 Feet From The 36 9-S 33-E Line of Section Township , NMPM, Lea Range I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas Service Pipeline 3411 Knoxville Aven. Lubbock, Texas Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Ol Warren Petroleum Oklahoma 74100 Sec. Twp. Rge. Unit Is gas actually connected? if well produces oil or liquids, give location of tanks. J 98 36 33E NO approximately 45 days If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion - (X) XX DXXXXXXXX reentry Date Compl. Ready to Prod. Total Depth P.B.T.D. 11-15-68 10898' 9732**'** Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Bough "C" 96851 Penn Perforations Depth Casing Shoe 9685' 9670 - 80' w/2JSPF TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 1/2" 1/4" 2 3/4" <u> 336 '</u> 350 sx12 9 5/8" 3999' 1700 sx 3/4" <u>" 7</u> 10985' 400 sx 10898' $200_{-5x}$

'. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks $11-13-68$	Date of Test 11-15-68	Producing Method (Flow, pump, gas lift, etc.)  pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1150	Oil-Bbls. 150	Water - Bbls. 1000	Gas-MCF TSTM

GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			

APPROVED

## I. CERTIFICATE OF COMPLIANCE

November 26, 1968

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Withingt	
(Signature)	
Production Superintendent	
(Title)	

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

OIL CONSERVATION COMMISSION

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill cut only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

