NUMBER OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRORATION OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
Revised 7/1/57
Santa Fe, New Mexico

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

~~AUG~~ NOV 1 8 42 AM '63 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) 10-31-63 (Date)

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

Sunray DX Oil Company (Company or Operator) N.M. State "AO" (Lease), Well No. 1, in SW ¼ SW ¼,
M (Unit Letter), Sec. 16, T. 10S, R. 34E, NMPM., Wildcat Vada-Pennsylvanian R-3422 Pool
Lea County. Date Spudded 9-6-63 Date Drilling Completed 10-21-63
Elevation DF-4234 Total Depth 10,400 PBTD 10088'
Top Oil/Gas Pay 9929 Name of Prod. Form. Penn. Bough "C"

Please indicate location:

D	C	B	A
E	F	G 16	H
L	K	J	I
M X	N	O	P

T 10 S

660' FSL & 660' FWL (FOOTAGE)

PRODUCING INTERVAL -
Perforations 9933-9939
Open Hole None Depth Casing Shoe 10,076 Depth Tubing 9956

OIL WELL TEST -
Natural Prod. Test: None 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): 230 bbls.oil, 0 bbls water in 24 hrs, 0 min. Size 12/64 Choke

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): 500 gallons BDA Acid
Casing Press. Pkr. Tubing Press. 850 Date first new oil run to tanks 10-29-63
Oil Transporter Indiana Purchasing Company (Trucks)
Gas Transporter Flared

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	375	350
8 5/8	4100	810
5 1/2	10,076	225
2 3/8	9887	

Remarks: GOR: 850/1; Gravity: 45° API @ 60° F

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

Approved _____, 19_____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Sunray DX Oil Company (Company or Operator)

By: V. R. Mayabb (Signature)

Title District Engineer

Send Communications regarding well to:
Name C. T. McClanahan
Box 128, Hobbs, New Mexico