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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

EFFECTIVE 4-1-70

I.

SUNRAY DX OIL CO.

NAME CHANGED TO:

SUN OIL CO. - DX DIVISION

OCTOBER 25, 1968

Operator Sunray DX Oil Company	
Address P. O. Box 1416 - Roswell, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain) Rate 2.50 Dollars, Tex. 15221
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name U. D. Sawyer	Well No. 6	Pool Name, including Formation Crossroads Devonian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter 0 ; 990 Feet From The South Line and 1650 Feet From The East				
Line of Section 27 Township 9-S Range 36-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 900 - Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 27
	Twp. 9-S	Rge. 36-E
	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 11-7-67	Date Compl. Ready to Prod. 1-1-68		Total Depth 12166		P.B.T.D. 12131			
Elevations (DF, RKB, RT, GR, etc.) 4039 DF	Name of Producing Formation Devonian		Top Oil/Gas Pay 12068		Tubing Depth 12109			
Perforations 12068, 12070, 12072, 12080, 12082, 12084					Depth Casing Shoe 12164			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		240		250 sxs Reg w/2% CaCl₂			
11	8-5/8		4194		900 sxs Reg & 100 sxs Incore Neat			
7-7/8	5-1/2		12164		325 sxs Inferno w/34 Gilsonite			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 1-1-68	Date of Test 1-1-68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 225	Casing Pressure -	Choke Size 12/64
Actual Prod. During Test 493	Oil - Bbls. 493	Water - Bbls. 0	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 (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.


R. L. Maness
(Signature)

Acting District Engineer
(Title)

January 2, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 5 1968**, 19

BY **COPIES**
ENGINEER
TITLE **DISTRICT No. 1**

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.

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

Fill out 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.