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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I. Operator
Sunray DX Oil Company

Address
P. O. Box 1416 - Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)

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 New Mexico Broseco State	Well No. 1	Pool Name, including Formation Vada-Pennsylvanian -Simanola Penn- R-3472	Kind of Lease State, Federal or Fee State	Lease No. OG-5845
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West Line of Section 21 Township 10-S Range 34-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"/> Pan American Petroleum Corporation (Truck)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1725 - Midland, 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 Sec. Twp. Rge. Is gas actually connected? When
	C 21 10-S 34-E

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-20-68	Date Compl. Ready to Prod. 3-27-68	Total Depth 10,000	P.B.T.D. 9959					
Elevations (DF, RKB, RT, GR, etc.) 4221 DF	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9,942	Tubing Depth 9956					
Perforations 1 - 1/2" hole @ each 9948, 9950, 9952, 9954, 9956			Depth Casing Shoe 9998					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8, 48#	376	375 sxs Neat w/2% CaCl₂					
12-1/4	8-5/8, 24# & 32#	4100	1200 sxs Incore Neat					
7-7/8	5-1/2, 17#	9998	200 sxs Incore Poz					
			w/2% Gel (TDC 8480)					

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 3-27-68	Date of Test 3-27-68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 17 hrs.	Tubing Pressure 150	Casing Pressure -	Choke Size 32/64
Actual Prod. During Test 369	Oil-Bbls. 296	Water-Bbls. 73	Gas-MCF 237

GAS WELL

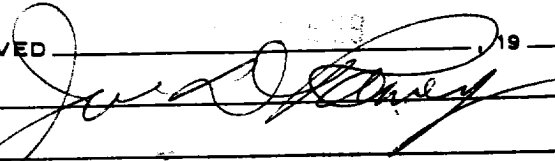
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

 **Ralph L. Maness**
(Signature)
Acting District Engineer
(Title)
March 28, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19
BY 
TITLE _____

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.