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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)  
Revised 7/1/57

Santa Fe, New Mexico

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

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

November 26, 1962

(Place)

(Date)

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

**Sunray Oil Company**

**I. F. Bowley**

Well No. **2**, in **SE**  $\frac{1}{4}$ , **SE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**P**

Sec. **12**

T. **88**

R. **31E**

NMPM, **Unassigned (Milnesand San**

Pool

Unit Later

**Andres)**

**Roosevelt**

County. Date Spudded. **11/18/62**

Date Drilling Completed **11/19/62**

Please indicate location:

Elevation **4244** **GL** Total Depth **4700'** PBTD **-**

Top Oil/Gas Pay **3809'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **4566-68', 4585-87', 4592-94', 4598-4602', 4606-08', 4614-16', 4621-23', 4625-26'**

Open Hole Depth **4702** Casing Shoe **4607** Depth **4607** Tubing

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **165** bbls. oil, **0** bbls water in **12** hrs, **0** min. Choke Size **28/64"**

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): **2000 gals ADA, fraced 20,000 gals ref oil & 20,000# sand**

Casing Press. **950** Tubing Press. **800** Date first new oil run to tanks **11/25/62**

Oil Transporter **Magnolia Pipe Line Company**

Gas Transporter \_\_\_\_\_

Remarks: **See reverse side for Deviation record.**

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

Approved \_\_\_\_\_, 19\_\_\_\_

**Sunray Oil Company**

(Company or Operator)

By: **R. E. Statton** (Signature)

**District Engineer**

Title \_\_\_\_\_ Send Communications regarding well to:

Name **C. T. McClanahan**

Address **Box 128, Hobbs, New Mexico**

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_

RECEIVED

1 1/2°	371°
1 1/4°	1038°
1°	2390°
1 1/2°	2388°
1 1/4°	2644°
1 1/8°	3119°
1°	3250°
1 1/2°	3714°
1 1/2°	4018°
1°	4185°
1 1/2°	4530°
1°	4677°
1 1/2°	4720°

I, R. E. Station, hereby certify the above levitations to be true and correct to the best of my knowledge.

R. E. Station  
(Signature)

Subscribed and sworn to before me on this the 21st day of September, 1962

Dorothy B. Brooks Notary Public in and for San County, New Mexico

MY COMMISSION EXPIRES MAY 27, 1964