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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Santa Fe, New Mexico

Revised 7/1/57

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

Sept. 20, 1961

(Place)

(Date)

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

Sunray Mid-Continent Oil Co., N.M. State "AA", Well No. 2, in NW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

B, Sec. 36, T. 8S, R. 36E, NMPM., Allison Pann Pool

Recomplet

County. Date Spudded 8/10/61

Date Drilling Completed 9/20/61

Please indicate location:

Elevation 4074 DF Total Depth 9750 PBTD 9702

Top Oil/Gas Pay 9650 Name of Prod. Form. Bough #0

PRODUCING INTERVAL -

Perforations 96511-96561, 96671-96731

Open Hole - Depth - Casing Shoe 9746 Depth - Tubing 9686

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): 212 bbls. oil, 0 bbls water in 1 1/2 hrs, _____ min. Choke Size 20/64"

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): 1000 gals MCA

Casing Press. pk Tubing Press. 300# Date first new oil run to tanks 9/19/61

Oil Transporter Magnolia Pipe Line Co.

Gas Transporter _____

Remarks: _____

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

Approved _____, 19____

Sunray Mid-Continent Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: D.E. Berry, Jr. (Signature)

By: _____

Title Staff Engineer

Send Communications regarding well to:

Title _____

Name C. T. McClanahan

Box 128 Hobbs, New Mexico