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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

1962 DEC 5

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

December 3, 1962

(Place)

(Date)

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

Sanray Oil Company

H.M. Federal

Well No. **14**, in **NW** $\frac{1}{4}$, **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

Sec. 22, T. **8S**, R. **14E**, NMPM, **Wilkesand San Andres** Pool

Unit Letter

Recomval

County, Date Spudded **11/24/62**

Date Drilling Completed **11/24/62**

Please indicate location:

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

Elevation **4772'** Total Depth **4772'** PBTD

Top Oil/Gas Pay **4650'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL **4652-63', 4665-67', 4668-70', 4672-74', 4676-78', 4707-12', 4732-36'**

Perforations **4732-36'**

Open Hole Depth **4772'** Casing Shoe Depth **4733'** 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): **95** bbls. oil, **2** bbls. water in **24** hrs, **0** min. Choke Size **2 1/2"**

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): **3000 gallons HCl**

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks **December 2, 1962**

Oil Transporter **Magnolia Pipe Line Company**

Gas Transporter **Sinclair Oil & Gas Company**

Remarks:

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 _____

By: **W. H. Stettin** (Signature)

District Engineer

Title _____

Name _____

Send Communications regarding well to:

C. T. McClanahan
Box 128, Hobbs, New Mexico

HOLE DEVIATION

<u>Depth</u>	<u>Degrees</u>	<u>Depth</u>	<u>Degrees</u>
1610	3/4	360	1/4
2855	1 1/4	2090	1
3907	1 1/4	3180	1 1/4
4077	1 1/4		
4254	1 1/4		
4500	1		
4726	3/4		

I, R. E. Statton being first duly sworn on oath state that I have knowledge of the facts and matter herein set forth and that the same are true and correct.

R. E. Statton
(Signature)

Subscribed and sworn to before me this 3rd day of December, 1962

Lanathy B. Brock
Notary Public in and for Lea County, N. M.

MY COMMISSION EXPIRES MAY 27, 1964