

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
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 March 31, 1962
(Place) (Date)

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

Sunray Mid-Continent Oil Company (Company or Operator) Well No. 1, in SW 1/4 NE 1/4,
(lot 2) (Lease)
Unit Letter 4, Sec. 31, T. 8S, R. 34E, NMPM., Wildcat Pool

Roosevelt

County. Date Spudded February 8, 1962 Date Drilling Completed Mar. 25, 1962

Please indicate location:

Elevation 4326' NP Total Depth 9707' FRTD 4650'

Top Oil/Gas Pay 3840' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4600-4612

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 255 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 1" Choke

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 gal. HDA

Casing _____ Tubing _____ Date first new _____
Press. 4Kc. Press. 75# oil run to tanks 3-31-62

Oil Transporter No Hood Corporation

Gas Transporter No Market available at present time.

Remarks: 0 OR 300/1

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: R.E. Statton
(Signature)

Title: District Engineer
Send Communications regarding well to:

By: _____
Title: _____

Name: C. T. Mc Clans/gan

Address: Box 128 Hobbs, New Mexico