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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

SEP 15 PM 4 NO. 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

8-29-63

(Place)

(Date)

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

Sunray Oil Company N.M. Federal WPA, Well No. 18, in NE 1/4 SE 1/4,
(Company or Operator) (Lease)

L, Sec. 21, T. 8S, R. 34E, NMPM, Undesignated Pool
Unit Letter

Roosevelt

County. Date Spudded 7-10-63

Date Drilling Completed 8-28-63

Please indicate location:

Elevation 4294 Total Depth 4619 PBDT 1609

Top Oil/Gas Pay 4536 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4601-4598, 4594-92, 4569-67, 4557-54, 4538-36

Open Hole None Depth None Casing Shoe 4619 Depth 4591 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): 8 bbls. oil, 3 bbls water in 24 hrs, min. 1 1/2 Choke

GAS WELL TEST - 1 1/2 pump SPM: 12 Stroke: 48"

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 gal HCl, 20,000 gal oil, 20,000 gal sand

Casing Tubing Date first new 8-28-63
Press. Press. oil run to tanks

Oil Transporter Mc Wood Corp.

Gas Transporter None

Remarks:

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

Approved: September 4, 19 63.

Sunray Oil Company

(Company or Operator)

By: V.R. Mayabb

(Signature)

V.R. Mayabb

Title: District Engineer

Send Communications regarding well to:

Name: C.T. Mc Clanahan

OIL CONSERVATION COMMISSION

By:

Title: