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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
(Place)

1-11-65
(Date)

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

Sunray DX Oil Company N.M. Fed. "F", Well No. 20, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)

P Unit Letter, Sec. 25, T. 8S, R. 34E, NMPM, Undesignated Pool

Roosevelt

County. San Juan Date Spudded 11-17-64 Date Drilling Completed 11-30-64

Please indicate location:

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

Elevation 4224.6 GL Total Depth 4900' PBD 4866'

Top Oil/ Gas Pay 4662' Name of Prod. Form San Andres

PRODUCING INTERVAL -

Perforations 4662-69, 4676-78, 4680-84, 4728-35

Open Hole None Depth 4900' Depth 4738'
Casing Shoe Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 16 bbls. oil, 24 bbls. water in 24 hrs, _____ min. Size Pump

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): Acidize w/1,000 gal BDA, Frac w/20,000 gal ref oil & 20,000# sand.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 12-31-64

Oil Transporter Magnolia Pipeline Co.

Gas Transporter Vented

Remarks: _____

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

Approved _____, 19 _____

Sunray DX Oil Company

(Company or Operator)

By: B.F. Brawley B.F. Brawley
(Signature)

Title District Engineer

Send Communications regarding well to:

Name C.T. McClanahan

Box 128, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____