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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBBS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 16 11 58 AM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. **OWNER**
Name: Sunray Oil Company
Address: P. O. Box 1116 - Roswell, New Mexico
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐
Other (Please explain) New Connection

If change of ownership give name
and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**
Lease Name: New Mexico State "AZ" State
Well No.: 6
Pool Name, including Formation: Chaveroo San Andres
Kind of Lease: State, Federal or Fee State
Location:
Unit Letter: N : 660 Feet From The S Line and 1980 Feet From The W
Line of Section: 33, Township: 7S, Range: 33E, NMPM, Roosevelt County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Magnolia Pipeline Corp.
Address (Give address to which approved copy of this form is to be sent)
Box 1073 - Mobil Bldg. - Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Capitan, Inc.
Address (Give address to which approved copy of this form is to be sent)
Box 6598 - Dallas, Texas
If well produces oil or liquids, give location of tanks. Unit: E, Sec.: 33, Twp.: 7S, Rge.: 33E
Is gas actually connected? Yes When: 6-6-66

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. **COMPLETION DATA**
Designate Type of Completion - (X)
Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:
Pool: Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:
Perforations: Depth Casing Shoe:
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE: CASING & TUBING SIZE: DEPTH SET: SACKS CEMENT:

V. **TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks: Date of Test: Producing Method (Flow, pump, gas lift, etc.):
Length of Test: Tubing Pressure: Casing Pressure: Choke Size:
Actual Prod. During Test: Oil - Bbls.: Water - Bbls.: Gas - MCF:

GAS WELL
Actual Prod. Test - MCF/D: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:
Testing Method (pitot, back pr.): Tubing Pressure: Casing Pressure: Choke Size:

VI. **CERTIFICATE OF COMPLIANCE**
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
B. F. Brawley
District Engineer
6-15-66
OIL CONSERVATION COMMISSION
APPROVED: BY: TITLE:
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.