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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

SEP 23 11 23 AM '65

Operator Sunray Oil Company	
Address P. O. Box 1416, Roswell, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner _____

Lease Name N. M. State "AZ"	Well No. 6	Pool Name, including Formation Chaveroe 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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp.		Address (Give address to which approved copy of this form is to be sent) Box 3120, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 33	Twp. 7S
		Rge. 33E	Is gas actually connected? No
			When

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-19-65	Date Compl. Ready to Prod. 9-21-65	Total Depth 4510		P.B.T.D. 4460					
Pool Chaveroe San Andres	Name of Producing Formation San Andres	Top Oil/Gas Pay 4269		Tubing Depth 4367					
Perforations 4269, 4295, 4307, 4317, 4325, 4337, 4344, 4358, 4375, 4391		Depth Casing Shoe 4505							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		368		250				
7 7/8	4 1/2		4505		200				
	2 3/8		4367						

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 9-20-65	Date of Test 9-21-65	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure 75	Choke Size -
Actual Prod. During Test 199 Bbls.	Oil - Bbls. 113	Water - Bbls. 86	Gas - MCF 86.1

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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19 _____	
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.			
B. F. Brawley (Signature) District Engineer (Title) 9-22-65 (Date)			