

DISTRIBUTION
SANTA FE
FILE
U.S.M.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PRORATION OFFICE

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

JUN 15 11 59 AM '66

I. Sunray DA Oil Company
P. O. Box 1116 - Roswell, New Mexico
Reason for not filing at local proper box:
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. 9 Pool Name, including Formation Chaveroo San Andres Kind of Lease State, Federal or Fee State
Location
Section Letter F 1980 Feet From The N Line and 1980 Feet From The W
Line of Section 34 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.
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 of 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
(Date)
OIL CONSERVATION COMMISSION
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.