

NEW MEXICO OIL CONSERVATION COMMISSION
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
OFFICE O. O. C.
MAY 19 12 43 PM '66

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

I. **OWNER**
Sunray DX Oil Company
Address
P. O. Box 1416, Roswell, New Mexico
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Effective 5-23-66

If change of ownership give name
and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**
Lease Name
New Mexico State "AY"
Well No.
2
Pool Name, including Formation
Todd-San Andres
Kind of Lease
State, Federal or Fee
State
Location
Unit Letter
A
990 Feet From The
North Line and
990 Feet From The
East
Line of Section
36
Township
7S
Range
35E
NMPM,
Roosevelt
County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Magnolia Pipe Line Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 900, Dallas 21, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Capitain, Inc.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 6598, Dallas, Texas
If well produces oil or liquids,
give location of tanks.
Unit
B
Sec.
36
Twp.
7S
Rge.
35E
Is gas actually connected?
Yes
When
10-25-65

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)
Oil Well
Gas Well
New Well
Workover
Deepen
Plug Back
Same Res'y.
Diff. Res'y.
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 (pilot, 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.
John Hastings
Production Engineer
May 18, 1966
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