NO. OF COPIES RECEIVED		İ		
DISTRIBUTION				
SANTA FE			4	
FILE				
u.s.c.s.	. 0000			
LAND OFFICE			7	
TRANSPORTER	OIL	1	1	
	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				
Sunray DX Oil Co				
Address				
P. O.	Box	1/	116	, <u> </u>

SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110	
FILE		AND AUTHORIZATION TO TRANSPORT OIL AND NOTURAL GAS PH '65		
u.s.G.s.	AUTHORIZATION TO TRAI	NSPORT OIL AND NOTURAL	GAS. Die an-	
LAND OFFICE		3	1 11 LM , 62	
TRANSPORTER				
GAS				
OPERATOR				
I. PRORATION OFFICE			· · · · · · · · · · · · · · · · · · ·	
Operator DY 643 0				
Sunray DX Oil C	ompany			
	- Roswell, New Mexico			
Reason(s) for filing (Check proper bo	ax)	Other (Please explain)		
New Well	Change in Transporter of:	Allowable incres	ase due to issuance	
Recompletion	Oil Dry Gas	of temporary fi	eld rules and	
Change in Ownership	Casinghead Gas Condens	sate casinghead gas	connection.	
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND	LEASE		Kind of Lease	
Lease Name		ne, Including Formation	State Tedaral or Page	
New Mexico State "	AY" 3 Todo	i - San Andres	State State	
Location		3.000	5.1 1	
Unit Letter F; 19	80 Feet From The North Line	e and 1980 Feet From	m The West	
26	ownship 75 Range	35E , NMPM, 1	Roosevelt County	
Line of Section 36 , T	ownship 75 Range) Je. , IVIVII IVI,	roosevert	
III DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	S		
Name of Authorized Transporter of C	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)	
Scurlock Oil Compan		Rm. 428 Mid-American	Bldg - Midland, Texas	
Name of Authorized Transporter of C	asinghead Gas 🚺 or Dry Gas	Address (Give address to which app	Bldg - Midland, Texas roved copy of this form is to be sent)	
Capitian Inc.		P. C. Box 6598 - Dall	as, Texas	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		When	
give location of tanks.	B 36 7S 35E	Yes	10-25-65	
If this production is commingled w	with that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA				
Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
			P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
3-1-65	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Todd - San Andres	<i>j</i>	4251	4247	
Perforations	San Antres	42)1	Depth Casing Shoe	
f	269, 4274, 4290 4296		4431	
2 110103 6 42913 4		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4	8 5/8	365	250	
7 7/8	4 1/2	4431	200	
- 179	2.3/8	4247		
		1 /		
V. TEST DATA AND REQUEST			oil and must be equal to or exceed top allow	
OIL WELL /	note for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift etc.)	
Date First New Oil Run To Tanks	Date of Test	<u> </u>	- 2010, 400.7	
3-18-65	3-18-65	Casing Pressure	Choke Size	
Length of Test	Tubing Pressure		,	
24 hrs. Actual Prod. During Test	300#	600# Water-Bbls.	12/64" Gas-MCF	
	249 bbl.)	440	
249 bbl.	Z47 UUI.			
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 CEPTIFICATE OF COMPLIA	NCF	OIL CONSER'	VATION COMMISSION	
VI. CERTIFICATE OF COMPLIA		11		
I haraby cartify that the sules on	d regulations of the Oil Conservation	APPROVED	·····································	
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.	ВТ		
		TITLE	~	
		This form is to be filed	in compliance with RULE 1104.	
		I mis form is to be lifted i	ar compitance with NOLE 1104.	

B & Branton	B. F. Brawley			
(Signature)				
\mathcal{O}	District Engineer			
(Title)				
	November 5, 1965			
(D	ate)			

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