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

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

JUN 16 11 59 AM '66

1. <b>OWNER</b>	
Sunray DX Oil Company	
Address: P. O. Box 1416 - Roswell, New Mexico	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Improving Production <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Transporter ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
New Connection	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. <b>DESCRIPTION OF WELL AND LEASE</b>			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
New Mexico <del>State</del> "AZ" <i>Block</i>	4	Chaveroo San Andres	State, Federal or Fee State
Location			
Unit Letter	660	Feet From The	Line and 660 Feet From The
Line of Section	33	Township	Range 33E, NMPM, Roosevelt County

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

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

IV. <b>COMPLETION DATA</b>		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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. <b>TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL</b>		(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. <b>CERTIFICATE OF COMPLIANCE</b>		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 <i>B. F. Brawley</i>		BY _____	
District Engineer		TITLE _____	
6-15-66		This form is to be filed in compliance with RULE 1104.	
(Date)		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.	