NOTIFICE DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	REQUES	CONSERVATION COMMISSION OT FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C Effective 1-1-65 ULASS 11 27 AN '65
Surrey DI 011 Cupper			
P. O. Berr 11:16, Regard       Reason(s) for filing (Check proper       New Well       Hecompletion       Change in Ownership	box) Change in Transporter of: C:1 Dry (	Gas	
If change of ownership give nam and address of previous owner _	e		
DESCRIPTION OF WELL AN	ID LEASE	auras	
Lease Name <b>New Nexi.co State "AZ</b>	Well No. Pool N	Jame, Including Formation Stignated. (San Andres)	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter	660 Feet From The	660	0A.
Line of Section	Township <b>78</b> Range	r eet r tom	
	PRTER OF OIL AND NATURAL G		County County
Name of Authorized Transporter of <b>The Permian Cosp.</b>	Oil . or Condensate	Address (Give address to which approx	ved copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Box 3120, Midlend, Tex Address (Give address to which approx	<b>use</b> ved copy of this form is to be sent)
If well reading on all an line ().	Unit Sec. Twp. Rge.		
If well produces oil or liquids, give location of tanks.	E 33 78 33E		en
f this production is commingled <b>COMPLETION DATA</b>	with that from any other lease or pool	, give commingling order number:	
Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<b>7-2-6</b> 5 Pool	7-85-65 Name of Producing Formation	4500 '	luk 39 *
Undesignated	San Andrea	Top Oil/Gas Pay	Tubing Depth
Perforations 1257, 1284, 1402, 141	13, 4326, 4332, 4345, 4375	LLIS LLOS LLOS	Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	14199 *
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>19-1/4</u> 7-7/8	<b>6-5/8</b>	356	850
	8-3/8	4241	
EST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this d	ufter recovery of total volume of load oil a	
DIL WELL Date First New Cil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas lift	
7-25-65	7-26-65	Bush Test	(, etc.)
Length of Test Zh hre	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
185	185	0	119.9
AS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Festing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
ERTIFICATE OF COMPLIAN			
			TION COMMISSION
hereby certify that the rules and regulations of the Oil Conservation mmission have been complied with and that the information given		APPROVED	, 19
ove is true and complete to the	he best of my knowledge and belief.	BY	
$\sim$		TITLE	
		This form is to be filed in compliance with RULE 1104.	
(Signature)		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	
District Back	<b>heir</b>	tests taken on the well in accorda	ance with RULE 111.
	iile)	able on new and recompleted well	
(Date)		well name or number, or transporter	and VI only for changes of owner, , or other such change of condition. be filed for each pool in multiply

JUL 29 11 27 AM '65

In compliance with Rule 111 New Mexice Oil Conservation Commission Rules and regulations, the following are the deviation tests for the Sunray DX Oil Company's

New Mexico State "AZ" Au		
Degrees	Depth	
1/4	355	
$\frac{1/2}{3/4}$		
174		
3/4	36 34 3900	
3/4	4048	

I, B. F. Brawley being first duly sworn on oath state that I have knowledge of the facts and matter set forth and that the same are true and correct.

BJBnuty TOMATORES B. P. Brewley (SIGNATORS)

Subscribed and sworn to before me this 28th day of July, 1965.

Filson An oures

Motary Public in and for Chaves County, New Maxico

્ટ્રેસ પ્રદુપ્ય પ્રાપ્ય જ તેમમાં આવેલા છે. આ ગામ પ્રાપ્ય કેલ્ટ્રેસ પ્રાપ્ય પ્રાપ્ય છે. આ ગામ પ્રાપ્ય આ ગામ પ્ર આ ગામ ગામ ગામ કેલ્ટ્રેસ પ્રાપ્ય કેલ્ટ્રેસ કેલ્ટ્રેસ્ટ્રે



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