

NO. OF COPIES RECEIVED  
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  
JUN 15 11 59 AM '66

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

I. **OWNER**  
Sunray DX Oil Company  
P. O. Box 1116 - Roswell, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☐ 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. 5 Pool Name, Including Formation Chaveroo San Andres Kind of Lease State, Federal or Fee State  
Location:  
Unit Letter D 660 Feet From The N Line and 660 Feet From The W  
Line of Section 33 Township 7S Range 33E, NMPM, Roosevelt County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
Capitlan, Inc. 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) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
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 (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  
(Signature)  
District Engineer  
(Title)  
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.