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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

Nov 9 10 PM '65

I.

Operator 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"/>	Allowable increase due to issuance of temporary field rules and casinghead gas connections.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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. 4	Pool Name, Including Formation Todd - San Andres	Kind of Lease State, Federal or Fee State
Location Unit Letter J ; 2110 Feet From The South Line and 1980 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) Rm. 428 Mid-American Bldg. - Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Capitlan 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-12-65	Date Compl. Ready to Prod. 4-25-65		Total Depth 4430		P.B.T.D. 4381			
Pool Todd - San Andres	Name of Producing Formation San Andres		Top Oil/Gas Pay 4276		Tubing Depth 4270			
Perforations					Depth Casing Shoe 4423			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		354		250			
7 7/8	4 1/2		4423		200			
	2 3/8		4270					

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)

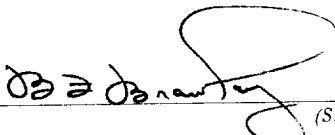
Date First New Oil Run To Tanks 4-25-65	Date of Test 4-25-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 225	Casing Pressure -	Choke Size 18/64
Actual Prod. During Test 209 bbls.	Oil-Bbls. 209 bbls.	Water-Bbls. 0	Gas-MCF 157

GAS WELL

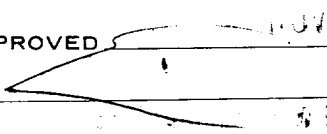
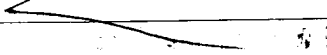
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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)
November 5, 1965
(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.