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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

HOODS OFFICE
JAN 5 4 49 AM '66

I.

Operator Sunray Oil Company	
Address P. O. Box 1416 - Roswell, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico State "AZ"	Well No. 15	Pool Name, including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee State
Location			
Unit Letter P	660 Feet From The S Line and 660 Feet From The E		
Line of Section 34	Township 7S	Range 33E	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"/> Magnolia Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1073 Mobil Bldg. - Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit E Sec. 33 Twp. 7S Rge. 33	Is gas actually connected? No When

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-11-65	Date Compl. Ready to Prod. 12-30-65	Total Depth 4480	P.B.T.D. 4446					
Pool Chaveroo San Andres	Name of Producing Formation San Andres	Top Oil/Gas Pay 4201	Tubing Depth 4231					
Perforations 4201-54-85-4300-07-15-23-35-47	Depth Casing Shoe 4481							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/2 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2 2"		DEPTH SET 371 4481 4231		SACKS CEMENT 200 200 -			

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 12-26-65	Date of Test 12-27-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 125	Casing Pressure 100	Choke Size 24/64
Actual Prod. During Test 251 Bbl.	Oil-Bbls. 251	Water-Bbls. -0-	Gas-MCF 191

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

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.

OIL CONSERVATION COMMISSION

APPROVED **JAN 6**, 19
BY

TITLE **Engineer District 1**

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.

B. F. Brawley

District Engineer

January 4, 1966

(Date)