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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 10 11 44 AM '67

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

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JUN 10 1967

I. Operator
Sunray DX Oil Company
Address
P. O. Box 1416, Roswell, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|---|----------------------------|
| Lease Name New Mexico "X" Federal | Well No. 3 | Pool Name, Including Formation Undesignated San Andres | Kind of Lease State, Federal or Fee Federal | Lease No. 025576 |
| Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 10 Township 8-S Range 33-E , NMPM, Chaves 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) Mid-American Bldg, Rm. 428, 301 N. Colo, Midland, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 A | Sec. 10 | Twp. 8S | Rge. 33E | 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 5-20-67 | Date Compl. Ready to Prod. 6-9-67 | | Total Depth 4450 | | P.B.T.D. 4420 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4405 DF | Name of Producing Formation San Andres | | Top Oil/Gas Pay 4243 | | Tubing Depth 4250 | | | |
| Perforations 1 Hole @ 4356, 4347, 4337, 4330, 4290, 4273; 6 Holes @ 4263, 4 Holes @ 4250; 4 Holes @ 4243 | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8", 24# | | 354' | | 250 sxs (circ.) | | | |
| 7 7/8" | 5 1/2", 17# | | 4449' | | 200 sxs | | | |

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)

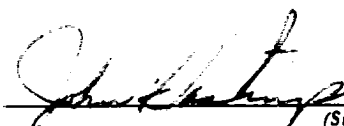
| | | | |
|--|-------------------------------|---|--------------------------|
| Date First New Oil Run To Tanks 6-9-67 | Date of Test 6-9-67 | Producing Method (Flow, pump, gas lift, etc.) Swab Test | |
| Length of Test 12 Hrs. | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test 113 | Oil - Bbls. 68 | Water - Bbls. 45 | Gas - MCF 23.8 |

GAS WELL

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


John Hastings
(Signature)

District Engineer
(Title)

June 9, 1967
(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 only Sections I, II, III, and VI 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.