NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		1-	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOP			
		 	

District Engineer (Title)

November 9 1967

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11			
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS			
	OIL OIL	4					
	TRANSPORTER GAS	1					
	OPERATOP]	· · · · · · · · · · · · · · · · · · ·				
I.	PRORATION OFFICE	SUNRAY DE OUR COT					
Sunray DX Oil Company DIVISION							
	Address DA OII COMP	oany (55 62 5 1368	11520				
	P. O. Box 1416 - B	Roswell, New Mexico					
Reason(s) for filing (Check proper box) Other (Please expl							
	lew Well Change in Transporter of:						
	Change in Ownership Casinghead Gas Condensate NAWECI			AMY-DX DIVIDING			
				NAME CRANGED TO			
	If change of ownership give name		SUN OIL	. Company			
	and address of previous owner						
II.	DESCRIPTION OF WELL AND						
	Lease Name	Well No. Pool Name, Including F					
	New Mexico "X" Federal	5 Chaveroo	State, Feder	ol or Fee Federal NM025576			
	Unit Letter G : 198	BO Feet From The East Lin	. 1980	North			
	Ont Letter	reet from the Dast Lin	Feet From	The NOI CII			
	Line of Section 10 Tov	wnship 8-S Range	33-E , NMPM, (Chaves County			
111.	Name of Authorized Transporter of Oil		Address (Give address to which appro	and conv of this form is to be cent.			
Mobil Pipeline Company							
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	P. O. Box 900 - Dallas Address (Give address to which appro	oved copy of this form is to be sent)			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	nen			
	give location of tanks.	A 10 8-S 33-E	No				
IV	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:				
- • •		Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completio	on – (X)	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	7-19-67 Elevations (DF, RKB, RT, GR, etc.)	11-7-67 Name of Producing Formation	Top Oil/Gas Pay	4426			
	4390 GR.	San Andres	4271	Tubing Depth			
	Perforations	Dan Andres	42/1	4304 Depth Casing Shoe			
	1 - 1/2" hole @ 4271', 4280', 4306', 4311', 4336, 4347', 4354', 4358 4447						
			CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	7 7/8"	8 5/8, 20# 4 1/2, 9.5#	347 4447	200 sxs (Circ) 200 sxs (TOC 3400')			
	7,75	2 3/8, 4.7#	4304	200 825 (100 3400)			
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-						
OII. WELL able 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.)				ift. etc.)			
				· · · ·			
	Length of Test	Tubing Pressure	Pump - 1 1/4" - 44" - Casing Pressure	Choke Size			
	24 Hrs.	<u>-</u>	_	•••			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
	19	13	6	5.6			
	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			
		<u></u>					
Commission have been complied with and that the information given			OIL CONSERVATION COMMISSION APPROVED, 19				
				above is true and complete to the best of my knowledge and belief.		BY ORIGINAL CONTROL OF THE PROPERTY OF THE PRO	
	TITLE MGNEWBY: PORTE LINE						
(), $(, t)$			This form is to be filed in compliance with RULE 1104.				
	John Hastings (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 tests taken on the well in accordance with RULE 111.				

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.