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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

RECEIVED

OCT 6 1967

D. B. E.  
ARTEBIA, OFFICE

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 (If none explain) - REMARKS  
This form was erroneously omitted when the other completion papers on this well was filed.

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. 4 Pool Name, Including Formation Chaveroo Kind of Lease 3324 Federal Lease No. 025576  
Location  
Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West  
Line of Section 11 Township 8-S Range 33-E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The Permian Oil Company Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 3119 - 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)  
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 <input type="checkbox"/>	New Well <input checked="" 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 7-27-67	Date Compl. Ready to Prod. 9-2-67	Total Depth 4450	P.B.T.D. 4428					
Elevations (DF, RKB, RT, GR, etc.) 4379 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4331	Tubing Depth 4337					
Perforations 1 hole @ 4331, 4335, 4339, 4349			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8, 20#		364		200 sxs (Circ)			
7 7/8	4 1/2, 9.5#		4450		200 sxs (TOC-3710')			

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 9-2-67	Date of Test 9-2-67	Producing Method (Flow, pump, gas lift, etc.) Pump - 1 1/4" - 44" - 12 SPM	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 75	Oil - Bbls. 14	Water - Bbls. 61	Gas - MCF 17.4

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)  
October 5, 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.