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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

I.

Operator Sunray DX 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 "EE" State	Well No. 1	Pool Name, Including Formation Wildcat Midway-Bone Springs R-3766	Kind of Lease State, Federal or Fee State
Location			
Unit Letter H	1980 Feet From The North Line and 660 Feet From The East		
Line of Section 13	Township 17S	Range 36E	NMPM, Lea 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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 3119, 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 H	Sec. 13
	Twp. 17S	Rge. 36E
	Is gas actually connected? No	When

If this production is commingling 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	Deeper	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-25-66	Date Compl. Ready to Prod. 10-30-66		Total Depth 9440		P.B.T.D. 9395			
Pool Wildcat	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9351		Tubing Depth 9350			
Perforations 9352', 9363', 9366', 9368', 9370' and 9372'					Depth Casing Shoe 9433			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4	13 3/8"		362'		300 sxs			
12 1/4	8 5/8"		4400'		775 sxs			
7 7/8	4 1/2"		9433'		1279 sxs 2 stages			
	2"		9350'					

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)

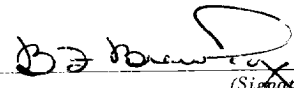
Date First New Oil Run To Tanks 10-30-66	Date of Test 10-31-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 550	Casing Pressure 700	Choke Size 18/64
Actual Prod. During Test 216	Oil-Bbls. 194	Water-Bbls. 22	Gas-MCF 182.4

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
District Engineer
November 2, 1966

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **ORIGINAL & SIGNED**
SIGNED BY _____
TITLE **ENGINEER**

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.