

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

# REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

**Hobbs, New Mexico**

**June 20, 1960**

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

**Sunray Mid-Continent Oil Company**

**V. Linam**

Well No. **2**, in **NW** **NE** **1/4** **1/4**

(Company or Operator)

(Lease)

**Penrose Skelly Grayburg**

Pool

Unit Letter **B**, Sec. **29**

T. **21S**

R. **37E**

NMPM.

Unit Letter

**Lea**

County. Date **Started** **5/31**

Date **WO** **6/6/60** Completed

Elevation **3485**

Total Depth

FETD

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay **3689**

Name of Prod. Form.

**Grayburg**

PRODUCING INTERVAL -

Perforations **3689-3808** **Penrose Skelly**

Open Hole **6521-6670 Drinkard**

Depth Casing Shoe **6521**

Depth

**3768** **Pen Skelly**  
**6657** **Drinkard**

OIL WELL TEST -

Natural Prod. Test: **0** bbls. oil, **0** bbls water in **0** hrs, **0** min. Size **0**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **210** bbls. oil, **75** bbls water in **24** hrs, **0** min. Size **25/64**

GAS WELL TEST -

Natural Prod. Test: **0** MCF/Day; Hours flowed **0** Choke Size **0**

Tubing, Casing and Cementing Record

Size	Feet	Sax
<b>13 3/8</b>	<b>315</b>	<b>300</b>
<b>9 5/8</b>	<b>2845</b>	<b>1000</b>
<b>7</b>	<b>6521</b>	<b>250</b>
<b>2 1/2</b>	<b>3768</b> <b>6657</b>	

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: **0** MCF/Day; Hours flowed **0**

Choke Size **0** Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **30,000** gals ref oil and **85,000#** sand

Casing Press. **625** Tubing Press. **250** Date first new oil run to tanks **6/19/60**

Oil Transporter **Shell Pipe Line**

Gas Transporter **Skelly**

Remarks: **Oil/Oil Dual completion**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: \_\_\_\_\_, 19\_\_\_\_

**SUNRAY MID-CONTINENT OIL COMPANY**

(Company or Operator)

**OIL CONSERVATION COMMISSION**

By: **R. E. Statton** (Signature)

**District Engineer**

Title: **Send Communications regarding well to:**

**C. T. McClanahan**

Name: **Box 128 Hobbs, New Mexico**  
Address: