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# NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

PR-4

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 QUADRUPPLICATE 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.

**SUNRAY OIL CO.**

**Hobbs, New Mexico**

**May 23, 1963**

(Place)

(Date)

NAME CHANGED TO:

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

**Sunray Oil Company**, 1968 **State Land "15"**, Well No. **1**, in **SW**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**Belmont-Klinebry Oil**

Pool

**N**, Sec. **16**, T. **21 S**, R. **37 E**, NMPM., **Belmont-Klinebry Oil**

Unit Letter

Loc.

County **Belmont** **Pool started 3-29-63** Date **Pool** Completed **4-29-63**

Elevation **3465 FT** Total Depth **6699** PBD **660**

Top Oil/Gas Pay **5779** Name of Prod. Form **Klinebry Oil**

Please indicate location:

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

PRODUCING INTERVAL -

Perforations **5779-81, 5786-88, 5827-29, 5860-62, 5877-79, 5889-91, 5897-99**

Open Hole **None** Depth **None** Casing Shoe **None** Depth **None** Tubing **None**

OIL WELL TEST -

Natural Prod. Test: **None** bbls. oil, **None** bbls water in **None** hrs, **None** min. Size **None**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **50** bbls. oil, **19** bbls water in **24** hrs, **-** min. Size **20/64**

GAS WELL TEST -

Natural Prod. Test: **None** MCF/Day; Hours flowed **None** Choke Size **None**

Method of Testing (pitot, back pressure, etc.): **None**

Test After Acid or Fracture Treatment: **None** MCF/Day; Hours flowed **None**

Choke Size **None** Method of Testing: **None**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **500 gal HCl acid, 24,500 gal ref. oil, 73500# sand**

Casing Press. **None** Tubing Press. **100** Date first new oil run to tanks **4-29-63**

Oil Transporter **Magnolia Pipeline Company**

Gas Transporter **Stally Oil Company**

Remarks: **See Sunray Zone District**

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

Approved: **Sunray Oil Company** (Company or Operator)

OIL CONSERVATION COMMISSION

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

Title: **District Engineer**

Send Communications regarding well to:

Name: **C. T. McClanahan**

Address: **P. O. Box 128, Hobbs, New Mexico**

By: **[Signature]**

Title: **[Signature]**