

NEW MEXICO OIL CONSERVATION COMMISSION
Well Location and Acreage Dedication Plat

Section A.

Date December 31, 1962

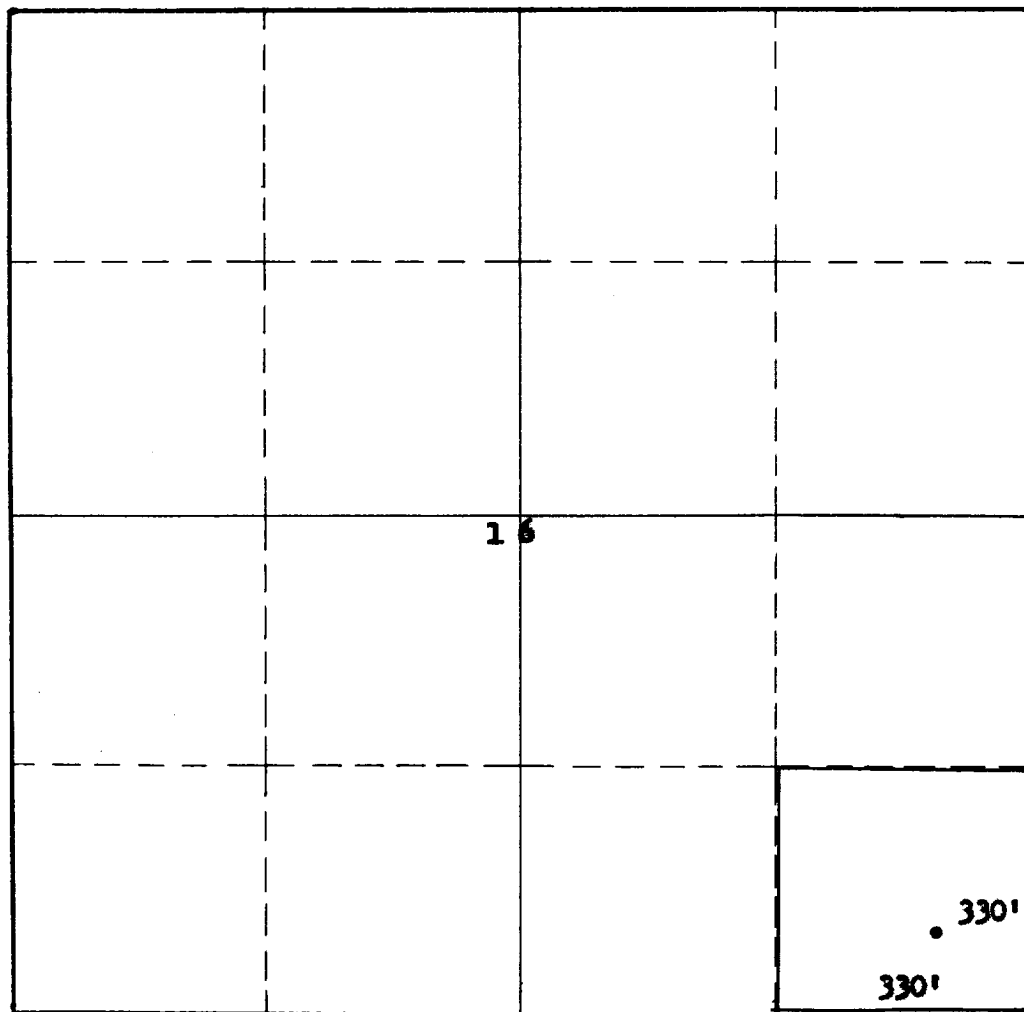
Operator Sunray DX Oil Company Phase 1 2 State Land "15"
Well No. 5 Unit Letter 153 Section 16 Township 21S Range 37E NMPM
Located 330 Feet From south Line, 330 Feet From east Line
County Lea G. L. Elevation 3415 DF Dedicated Acreage 1.0 Acres
Name of Producing Formation Blinberry Pool Blinberry oil

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below?
Yes ☒ No ☐.
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes ☐ No ☐. If answer is "yes," Type of Consolidation _____
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner

Land Description

Section B



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

Sunray DX Oil Company

(Operator)

(Representative)

R. E. Statton

Box 128, Hobbs, New Mexico

Address

This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

Registered Professional
Engineer and/or Land Surveyor.

Certificate No. _____

(See instructions for completing this form on the reverse side)

INSTRUCTIONS FOR COMPLETION:

1. Operator shall furnish and certify to the information called for in Section A.
2. Operator shall outline the dedicated acreage for both oil and gas wells on the plat in Section B.
3. A registered professional engineer or land surveyor registered in the State of New Mexico or approved by the Commission shall show on the plat the location of the well and certify this information in the space provided.
4. All distances shown on the plat must be from the outer boundaries of Section.
5. If additional space is needed for listing owners and their respective interests as required in question 3, Section A, please use space below

* "Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1953 Comp.)

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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

New Well
Recompletion

1962 DEC 10

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.

Hobbs, New Mexico
(Place)

December 7, 1962
(Date)

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

Sunray Oil Company

State Land "15"

Well No. **5**, in **SE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

P

Sec. **16**

T. **21S**

R. **37E**

NMPM., **Undesignated (Wanta Abo)**

Pool

Unit Letter

Lea

Started Workover

County. Date **Springer** **11/20/62**

Workover

Date **Workover** Completed **12/7/62**

12/7/62

Elevation **3445 BF**

Total Depth **8259** PBD **7183**

Top Oil/Gas Pay **6878**

Name of Prod. Form. **Abo**

Please indicate location:

R37E

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

PRODUCING INTERVAL - **6878-7177**

Perforations **SEE REMARKS**

Open Hole **-**

Depth Casing Shoe **8259** Depth Tubing **7173**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **89** bbls.oil, **70** bbls water in **24** hrs, **0** min. Size **Pump**

GAS WELL TEST -

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

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

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

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Acidized w/500 gals M38 and 10,000 gals M38 and balls.**

Casing Tubing Date first new oil run to tanks **12/1/62**

Oil Transporter **Magnolia Pipeline Company**

Gas Transporter **Stally Oil Company**

Remarks: Perforations: **6878-80', 6898-6900', 6921-26', 6938-34', 6953-55', 6964-66', 6970-72', 6996-98', 7010-12', 7018-20', 7038-40', 7051-53', 7080-82', 7103-05', 7115-55', 7168-70', 7175-77'.**

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

Approved _____, 19____

Sunray Oil Company

(Company or Operator)

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

Title: **District Engineer**

Send Communications regarding well to:

O. T. McClanahan

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

Address _____

OIL CONSERVATION COMMISSION

By: _____

Title _____