## NEW MICO OIL CONSERVATION COMMIL IN Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

able will be month of	e assign complet	ed effe ion or	ctive 7:0	by the operator before QUADRUPLICATE O A.M. on date of co etion. The completio at be reported on 15.0	to the same Dist ompletion or reco n date shall be ti 025 psia at 60° F Odea	trict Office to wompletion, prov hat date in the ahrenheit. 388, Texas	which Form ( ided this for case of an o	C-101 was se m is filed d il well when	uring calendar new oil is deliv-	- 37
Sun	011.0	OBDAZ	T.	NG AN ALLOWAE J. A. A	LE FOR A WE	LL KNOWN	AS:	SW	(Date)	
" <b></b>	ompany	or Ope	rator)	., T. 215 , R.	(Lese) 36E			<sup>1</sup> /4		
Į	<b></b>	•••••		County. Date Spu	dded 6-17-6	3 Date	Drilling Co	mpleted		
Please indicate location:				Elevation 3558	E432	Total Depth	63001	PBTD		
D	C	B	A	Top Oil/Gas Pay PRODUCING INTERVAL		Name of Prod.	Form. Upp	er & Lowe	r Blinebry	
				Perforations 1 =		5850 5872	5000 E	401 E0/09	500 <b>0</b>	
E	F	G	H ·	Open Hole	<u></u>	Depth	4200	Depth	and all	
						Casing Shoe	0,000	Tubing	5836	
L	K	J	I	OIL WELL TEST -					Choke	
			.	Natural Prod. Test					min. Size	
M	N	0		Test After Acid or						
		۲	-	load oil used):	49bbls.oil, _	<u>30</u> bbls w	ater in <u>24</u>	_hrs,m	nin. Size_15/6	•
				GAS WELL TEST -						
<u> </u>		· <u> </u>	····	Natural Prod. Test:	-	MCF/Day; Hour	s flowed	Choke Si	ze	
Tubing ,Car Sire			ting Recor Sax	<b>d</b> Method of Testing (	pitot, back press	sure, etc.):	•			
		Feet S		Test After Acid or	Fracture Treatmen	it:	MCF/I	Day; Hours fl	owed	
8-5/8	1283	283.36 500		Choke Size	_Method of Testin	ig:				
4-1/2 6293		1.63	700	Acid or Fracture Tr	eatment (G <del>ive</del> amou	unts of material	is used, such	as acid, wa	ter, oil, and	
				sand): Acidize	w/1500 gal.	15% BDA Aci	d			
2" EUE 5836		6.00		Casing 2800# Tu Press. 2800# Pr	bing ess. 5100#oil	e first new run to tanks	8-11-(	53		
				Gil Transporter A	tlantic Refi	ning Company	7			
ļ				Gas Transporter P					· · · · · · · · · · · · · · · · · · ·	
Remarks :	••••••			·····					·····	
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I hereb	by certif	ly that	the infor	mation given above	is true and comp			ledge.		
Approved	NUS	ust :	U	, 19	63	SUN OIL CO				
	$\sim$						Mu opening of the	•		
OI	IL CON	ISERY	ATION	COMMISSION	By:		(Signature)		······································	
Bv:	U/	[]	(		The	rea Superio				
/	///	•••	••••••••••••••••	•••••••••••••••••••••••••••••••••••••••		Send Commu		garding well	to:	
Title		••••	••••••	•••••••••••••••••••••••••••••••••••••••		SUN OIL C	OMPANY			
						Box 2792,		Texa		
					Address					