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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~~

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.

Farmington, New Mexico

October 11, 1961

(Place)

(Date)

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

El Paso Natural Gas Company Sunray (Lease), Well No. 3, in SW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator)

E 5 Sec. 29N 8W T. 29N R. 8W, NMPM., Undesignated P. C. Pool
Unit Letter

San Juan

County. 8-19-61 Date Spudded 8-25-61 Date Drilling Completed 8-25-61

Please indicate location:

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

1750 N, 1150 W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>96</u>	<u>150</u>
<u>2 7/8"</u>	<u>2981</u>	<u>100</u>

Elevation 6320 (G) Total Depth 2992 ~~2935~~ 2902 Pictured Cliffs

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL -

Perforations 2902-10; 2918-26

Open Hole None Depth 106 Casing Shoe 2991 Depth 2991 Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

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: 1530 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.O.F

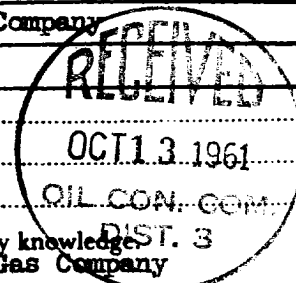
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 21,292 gal water, 25,000# sand

Casing 1019 Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: _____



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

Approved: OCT 13 1961, 19____

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: Original Signed D. W. Meehan
(Signature)

Title Petroleum Engineer

Name E. S. Oberly

Address Box 990, Farmington, New Mexico

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