ICO 87501

-0. 0/ COPIES SECEIVES	OIL CONSERVATIO			
DISTRIBUTION	P. O. BOX 2088			
SANTA FE	SANTA FE, NEW MEX			
FILE	SANTA PE, NEW MEA			
U.S.G.S.				
LAND OFFICE	,			
	DECLIECT ECD ALLO			

ı	FILE												
ł	U.S.G.S.												
Ì	TRANSPORTER OIL	REQUEST FOR ALLOWABLE											
	OPERATOR GAS	GAS											
1.	PROPATION OFFICE	AUTHORIZATION TO TRANS	SPORT OIL AND NATE	IRAL GAS	FOR								
	Operator	/off-link											
	El Paso Natural Gas (aso Natural Gas Company											
	Address												
	PO Box 4289, Farmingt	on, NM 87499			NOV 9 1982	, 1							
	Reason(s) for filing (Check proper bo	×)	Other (Pleas	e explain)	DIL CON. COM.								
Ì	New Well	Change in Transporter of:		\	DIST. 3								
	Recompletion	Oil Dry G	as 🔲	`	51. 3								
	Change in Ownership	Cassinghead Gas Conde	ensate										
1	If change of ownership give name			-									
	and address of previous owner												
1. j	DESCRIPTION OF WELL AND			T									
ı	Lease Name	Well No. Pool Name, Including I		Kind of Lease		Lease No.							
	Sunray	7 Blanco Pic	tured Cliffs	State, Federa	l)or Fee	SF 078487C							
	Unit Letter A;	1135 Feet From The North Li	ne and1073	Feet From '	rhe East								
- 1	_												
L	Line of Section 5 To	wnship 29N Range	8W , NMPM	. San J	uan	County							
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						(2.2.12.222)							
		me of Authorized Transporter of Oil or Condensate			Address (Give address to which approved copy of this form is to be sent)								
-		El Paso Natural Gas Company			PO Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)								
	•	ame of Authorized Transporter of Casinghead (Gas or Dry Gas											
-	El Paso Natural Gas (Unit Sec. Twp. Rge.	PO Box 4289, Fa										
- 1	If well produces oil or liquids, give location of tanks.	A 5 29N 8W		1	•••								
L													
		th that from any other lease or pool,	give commingling order	number:									
۲.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same F	Restv. Diff. Restv.							
	Designate Type of Completion	on = (X)	x	!	1 1	1							
-	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.								
- 1	8-30 - 82	10-26-82	3120'		3109'								
þ	Elevations (DF, RKB, RT, GR, etc.)	<u> </u>	Top Qu/Gas Pay		Tubing Depth								
	6276'GL Pictured Cliffs		2961'		3119'								
	Perforations		<u> </u>		Depth Casing Shoe								
	2961',2966',2971',297	75',2987',2992',2997',300	2',3007',3064',3	070'	3120'								
		TUBING, CASING, ANI	CEMENTING RECOR	D									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS C	EMENT							
	12 1/4"	8 5/8"	132'		100 cu.ft.								
	7 7/8"	2 7/8"	3119'		717 cu.ft.								
ſ													
· 1	EST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volu		and must be equal to c	r exceed top allow-							
	OIL WELL	able for this de	pth or be for full 24 hours	-									
1	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lij	i, eic.)								
L			<u> </u>	 	Totali er								
1	Length of Test	Tubing Fressure	Casing Pressure		Choke Size								
_		O() Phis	Water - Bbls.		Gas - MCF								
1	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.		Gasamor	* •							
! _		L	<u> </u>	· · · · · · · · · · · · · · · · · · ·	l								
_													
_	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	<u> </u>	Gravity of Condense								
1 '	Actual Prod. 1001-MCF/D	shut in 7 days	BDIS. CONGENEGIE/MMC		Gravity of Condense	110							
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	·in l	Choke Size								
		,	964	,									
<u>_</u>			OIL CO		IONI DIVICIONI								
. С	ERTIFICATE OF COMPLIANC	E	11-18-82 OIL C	11136-11/5/	1987 VISION								
						. 19							
I	hereby certify that the rules and r	O: : - I Signed by CHARLES GHOLSON											
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by CHARLES GHOLSON											
M. G. Brises			TITLE DEPUTY GIL & GAS INSPECTOR, DIST. #3										
			l e e e e e e e e e e e e e e e e e e e										
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.										
								Drilling Clerk		All sections of	this form mus	t be filled out com	
							_	(Tit	le)	All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			
	November 8, 1982												
_	(Da		I well name or number	, or transporte	r, or other such cha	nge of condition.							

Separate Forms C-104 must be filed for each pool in multiply completed wells.