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OPERATOR		7	
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS FRANSPORTER OIL OPERATOR OPERATOR I. PORATION OFFICE Operation EI Paso Natural Gas Company Address P. O. Box 289, Farmington, New Mexico 87401 Reason(s) for filing (feets proper box) New Well Recompletion OII Operation OII Condensarie If change of ownership give name and address of previous owner III. DESCRIPTION OF WELL AND LEASE Lease Name Sunray E 1A Blanco M.V. State, Pederd of Pee Sunray E Location Ontil Letter O: 880 Feet From The South Line and 1470 Feet From The East Line of Section 9 Township 30-N Ramee 10-N NMFM. San Juan II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL of Condensarie EI Paso Natural Gas Company Nation of Authorized Transporter of Casinghead Gas or Condensarie II. Paso Natural Gas Company Nation of Authorized Transporter of Casinghead Gas or Condensarie III. Paso Natural Gas Company Note of Authorized Transporter of Casinghead Gas or Condensarie FI Paso Natural Gas Company II well produces oil or liquids, Unit is pee. Term Fig. Is gas actually connected? When I was produced only of this form in the production is communicated with that from any other lease or pool, give communicating order number: The production is communicated with that from any other lease or pool, give communicating order number: The production is communicated with that from any other lease or pool, give communicating order number: The production of trans. O 9 30-N 10-N If this production is communicated with that from any other lease or pool, give communicating order number: Designate Type of Completion — (X) Matt. Sec. Term. Fig. Is gas actually connected? When I was on the producing formation. To when Casing Producing Producing Formation. To when Casing Producing Producing Formation. To was case by Terming Rome. Fig. 7.70' Petitorations 4676, 4758, 4765, 4774, 4786, 4796, 4802, 4816, 4828, 4834, 4840, 4850, Depth Casing Rome. 4856, 4885, 4888, 4890, 494, 4912, 5046, 5056, 5	Lease No. SF077730 - County to be sent) 87401 to be sent)		
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El Paso Natural Gas Company If well produces oil or liquids, qive location of tanks. O 9 30-N 10-W If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion - (X) Date Spudded 3-17-79 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Mesa Verde Mesa Verde 4676, 4758, 4763, 4774, 4786, 4796, 4802, 4816, 4828, 4834, 4840, 4850, Perforations 4676, 4758, 4763, 4774, 4786, 4796, 5050, 5072, 5080, 5116, 5124, 5148, 5204, 5210, 5812 CASING & TUBING SIZE DEPTH SET SACKS CE	to be sent)		
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TOTAL CASING & TUEING SIZE DEPTH SET SACKS CE	2 5572 +		
17 7/4!! O. F.(O)!			
8 3/4" 7" 3472' 385 C			
6 1/4" 4 1/2" liner 3297-5812' 435 c			
TEST DATA AND REQUEST FOR ALLOWARIE (Test parts of the second of the sec			
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)	exceed top allow		
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
Length of Test Tubing Pressure Casing Pressure Choke Size	100		
Casing Pressure Choke Size			
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-ACE			
*5604,5647,5656,5677,5728,5778'. GAS WELL			
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity Condensate			
	April 1		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size			
OIL CONSERVATION COMMISSIO	N		
hereby certify that the rules and regulations of the Oil Conservation APPROVED	19		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			
Manual Company of the Book of my knowledge and belief.			
O A			
This form is to be filed in compliance with RUL	1104.		
If this is a request for allowable for a newly drill	ed or deepened		
And Address of the well to the Angelian Control of the Control of	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
(Title) All sections of this form must be filled out completed.	-		
able on new and recompleted wells.			
May 8, 1979 Fill out only Sections I, II, III, and VI for cha	tely for allow-		