

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION OFFICE	
OPERATOR	
TRANSPORTER	
LAND OFFICE	
DATE	
TIME	

Operator El Paso Natural Gas Company

Address P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SunRay D</u>	Well No. <u>2R</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State/Federal or Fee <u>SF</u>	Lease No. <u>078204</u>
Location Unit Letter <u>A</u> ; <u>1065</u> Feet From The <u>North</u> Line and <u>1000</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>30-N</u> Range <u>10-W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 289, Farmington, NM 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 289, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>21</u> Twp. <u>30N</u> Rge. <u>10W</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

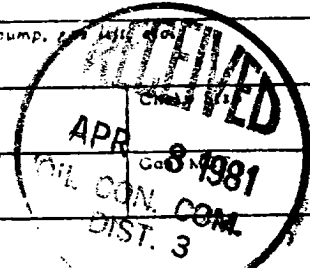
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same as prev. <input type="checkbox"/>	Diff. Reas'v. <input type="checkbox"/>
Date Spudded <u>7-10-80</u>	Date Compl. Ready to Prod. <u>3-25-81</u>	Total Depth <u>5645'</u>	P.B.T.D. <u>5627'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6343' GL</u>	Name of Producing Formation <u>Mesa Verde</u>	Top Oil/Gas Pay <u>5142'</u>	Tubing Depth <u>5526'</u>					
<u>5142, 5150, 5158, 5231, 5235, 5245, 5250, 5256, 5262, 5268, 5276, 5281, 5286, 5314, 5343, 5412, 5430, 5438, 5466, 5486, 5494, 5502, 5522, 5553' W/1 SPZ.</u>						Depth Casing Shoe <u>5645'</u>		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>13 3/4"</u>	<u>9 5/8"</u>	<u>236'</u>	<u>224 cf.</u>					
<u>8 3/4"</u>	<u>7"</u>	<u>3291'</u>	<u>402 cf.</u>					
<u>6 1/4"</u>	<u>4 1/2"</u>	<u>3145-5645'</u>	<u>438 cf.</u>					
	<u>2 3/8"</u>	<u>5526'</u>						

V. 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 exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D <u>2631</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plug, back pr.) <u>Calc. A.O.F.</u>	Tubing Pressure (Shut-in) <u>519</u>	Casing Pressure (Shut-in)	Choke Rise

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION  
**APR 8 1981**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 2

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

A. G. Duises  
(Signature)

Drilling Clerk

April 3rd, 1981

(Title)  
(Date)