

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

*Corrected Copy

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Sunray	Well No. 6	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Free <input checked="" type="checkbox"/> SF	Lease No. 078285
Location Unit Letter <u>I</u> ; <u>1530</u> Feet From The <u>South</u> Line and <u>830</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>31-North</u> Range <u>10-West</u> , NMPM, <u>San Juan</u> County				

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)
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM 87401
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)
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
I 21 31-N 10-W	

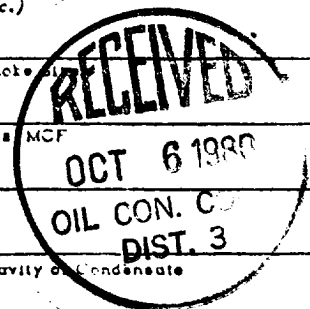
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5-30-80	Date Compl. Ready to Prod. 8-25-80	Total Depth 3162'	P.B.T.D. 3145'					
Elevations (DF, RKB, RT, GR, etc.) 6209' GL	Name of Producing Formation P.C.	Top Oil/Gas Pay 2975'	Tubing Depth 3052'					
Perforations 2975, 2980, 2985, 3009, 3013, 3017, 3060, 3065'							Depth Casing Shoe 3162'	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	216'	165 cu. ft.					
7 7/8"	4 1/2"	3162'	540 cu. ft.					
	1 1/4"	3052'						

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, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas MCF



GAS WELL

Actual Prod. Test-MCF/D 1065	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 431	Casing Pressure (Shut-in) 431	Choke Size

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.

A. G. Busco
(Signature)

Drilling Clerk

(Title)

October 1, 1980

(Date)

OIL CONSERVATION DIVISION

OCT 6 - 1980

APPROVED Original Signed by CHARLES GHOLSON

BY DEPUTY OIL & GAS INSPECTOR, DIST. #3

TITLE
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