

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
PIEP	
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

E1 Paso Natural Gas Company

Address  
P. O. Box 289, Farmington, New Mexico

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change In Ownership <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 Sunray	Well No. 6	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee SF	Lease No. 078085
Location Unit Letter <u>I</u> : <u>1530</u> Feet From The <u>S</u> Line and <u>830</u> Feet From The <u>E</u>				
Line of Section <u>21</u> Township <u>31-N</u> Range <u>10-W</u> , NMPM, San Juan 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) P. O. Box 289, Farmington New Mexico					
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) P. O. Box 289, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>21</u>	Twp. <u>31</u>	Rge. <u>10</u>	Is gas actually connected? <input type="checkbox"/>	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>5-30-80</u>	Date Compl. Ready to Prod. <u>8-25-80</u>		Total Depth <u>3162'</u>		P.B.T.D. <u>3145'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6209' GL</u>	Name of Producing Formation <u>Pictured Cliffs</u>		Top <input checked="" type="checkbox"/> Gas Pay <u>2975'</u>		Tubing Depth			
Perforations <u>2975,2980,2985,3009,3013,3017,3060,3065'</u>					Depth Casing Shoe			

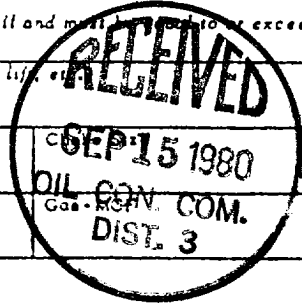
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>216'</u>	<u>165 cu. ft.</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>3162'</u>	<u>540 cu. ft.</u>
	<u>1 1/4"</u>	<u>3052'</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be able to 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



GAS WELL

Actual Prod. Test-MCF/D <u>1065</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Calc. A. O. F.	Tubing Pressure (shut-in) <u>431</u>	Casing Pressure (shut-in) <u>431</u>	Choke Size <u>3/4 variable</u>

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.

(Signature)

Drilling Clerk

(Title)

9-10-80

(Date)

OIL CONSERVATION DIVISION  
SEP 22 1980

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed by FRANK T. CHAVEZ  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT #8  
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 completed wells.