

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~EXISTING WELL~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico February 14, 1958
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

El Paso Natural Gas Company Sunray Well No. 2-E in. NW 1/4 SW 1/4,
(Company or Operator) (Lease)
L Sec. 9 T. 30N R. 10W NMPM, Blanco Pool
Unit Letter
San Juan County. Date Spudded 12-13-57 Date Drilling Completed 12-30-57

Please indicate location:

| | | | |
|--------|---|---|---|
| D | C | B | A |
| E | F | G | H |
| L X | K | J | I |
| M | N | O | P |

1650 S, 990 W

Tubing, Casing and Cementing Record
Size Feet Sals

| | | |
|---------|-------|-----|
| 10 3/4" | 163' | 150 |
| 7 5/8" | 3194' | 250 |
| 5 1/2" | 2264' | 300 |
| 2" | 5344' | |

Elevation 6495' Total Depth 5436' ~~Approx.~~ C.O. 5384'
Top Oil/Gas Pay 4585' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 4585-4613; 4648-4656 (Sq. w/150 sks. Neat)

Perforations 5232-5246; 5286-5304; 5318-5346; 5350-5364.

Open Hole None Depth 5426' Depth Casing Shoe 5426' Depth Tubing 5344'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (direct, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 6637 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.O.F.

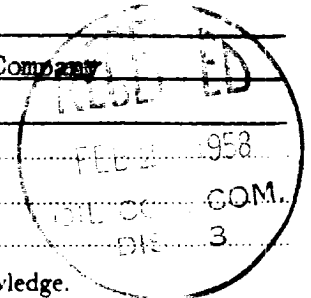
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 62,450 gal. water & 50,000# sd. & 40,000 gal. water & 40,000# sd.

Casing Press. 856 Tubing Press. 856 Date first new oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: _____



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____ FEB 21 1958, 19____

EL PASO NATURAL GAS CO
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed D. S. Johnston
(Signature)

By: Original Signed Emery C. Arnold

Title: Petroleum Engineer
Send Communications regarding well to:

Title Supervisor Dist. 73

Name: B. S. Oberly

Address: Box 997, Farmington, New Mexico

| | | |
|------------------------------------|------------------|-------------------------------------|
| OIL CONSERVATION COMMISSION | | |
| AZTEC DISTRICT OFFICE | | |
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| Transporter | | |
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