

DATE	FILE	U.S.G.S.	LAND OFFICE	TRANSPORTER	OPERATOR	PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes O-104 and C-110
Effective 1-1-73

El Paso Natural Gas Company

PO Box 990, Farmington, NM 87401

Reason(s) for filing (check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Sunray A	7	Blanco Pictured Cliffs Ext.	State (Federal) Fee	SF 078125
Location				
Unit Letter	G	1700 Feet From The	North Line and	1825 Feet From The
Line of Section	10	Township	30N	Range
			10W	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P O Box 990, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	PO Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tests	Unit	Sec.	Twp.	Rge.	Is gas actually connected	Valve
	G	10	30N	10W		

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	Perfor Back	Shut-In	Diff. Restv.
		X	X					
Date Spudded	Perf. Compl. Ready to Prod.	Total Depth	B.T.D.					
1-29-78	6-25-78	3255	3244'					
Elevations (DE, FRI, RT, GR, etc.)	Name of Producing Formation	Top of Gas Pay	tubingless					
6484' GL	Pictured Cliffs	3138'	tubingless					
Perforations	Depth Casing Shoe		3255'					
3138-48', 3158-63' and 3180-90'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 7/8"	133'	129 cu. ft.					
6 3/4"	2 7/8"	3255'	448 cu. ft.					
	tubingless							

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or as for full 24 hours)

Date First New Oil Flow Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. During Test	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3745'	3 hrs.		1.3
Testing Method (pump, gas lift, etc.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Calc. AOF	tubingless	1033	3/4"

VI. CERTIFICATE OF COMPLIANCE

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

Drilling Clerk

June 28, 1973

OIL CONSERVATION COMMISSION

APPROVED JUL 9 1973, 19

By Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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.