

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

I. OPERATOR

Operator: EL PASO NATURAL GAS CO.

Address: BOX 990, FARMINGTON, NEW MEXICO 87401

Reason(s) for filing (check proper box)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Oil Casinghead Gas Condensate

Change in Ownership Other (Please explain) _____

If change of ownership, give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name SUNRAY A	Well No. 2A	Pool Name, including Formation BLANCO MESA VERDE	Kind of Lease State, Federal, or Fee NM	Lease No. 03202
Location				
Unit Letter 0	1228 Feet From The South Line and 1335 Feet From The East			
Line of Section 10	Township 30-N	Range 10-W	, NMEM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EL PASO NATURAL GAS CO. Address (Give address to which approved copy of this form is to be sent) BOX 990, FARMINGTON, NEW MEXICO

Name of Authorized Transporter of Casinghead Gas or Dry Gas EL PASO NATURAL GAS CO. Address (Give address to which approved copy of this form is to be sent) BOX 990, FARMINGTON, NEW MEXICO

If well produces oil or liquids, give location of tanks. Unit **0** Sec. **10** Twp. **30N** Rge. **10W** Is gas actually connected? 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 Well	Diff. Res'v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 10/12/77	Date Compl. Ready to Prod. 12/19/77	Total Depth 6124'	P.S.T.C.D. 6106'					
Elevations (DF, RKB, RT, GF, etc.) 6776' GR	Name of Producing Formation Mesa Verde	Top Gas Pay 5081'	Tubing Depth 6070'					
Perforations 5081-96, 5097-5110, 5120-36, 5156-64, 5193-98, 5230-46, 5256-68, 5346-60, 5370-78, 5394-5406, 5407-20, 5449-60, 5475-93, 5532-47, 5548-62, 5600-20, 5644-60, 5661-76, 5705-24, 5749-70, 5771-90, 5800-08, 5823-37, 5850-63, 5899-5904, 5918-30, 5440-51, 5962-75, 5992-6002, 6016-31, 6058- HOLE SIZE 76'								Depth Casing Shoe
CASING & TUBING SIZE								DEPTH SET
BACKS CEMENT								
13 3/4"	9 5/8"	235'	354 cf.					
8 3/4"	7"	3827'	395 cf.					
6 1/4"	4 1/2" liner	3653-6124'	430 cf.					
	2 3/8"	6070'	tubing					

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 389	Casing Pressure (Shut-in) 813	Choke Size

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.

D. G. Busco
(Signature)
Drilling Clerk
1/18/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
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.