

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-111
Effective 1-1-65

API 30-045-22835

Operator EL PASO NATURAL GAS CO.	
Address P.O. Box 289, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sunray B	Well No. 2 A	Pool Name, Including Formation Blanco MV	Kind of Lease State, Federal or Fee	Lease No. SF078208
Location				
Unit Letter E	1562	Feet From The North	392	Feet From The West
Line of Section 1	Township 30'N	Range 10'W	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)					
EL PASO NATURAL GAS CO.	P.O. Box 289, Farmington 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 CO.	P.O. Box 289, Farmington 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4-25-79	Date Compl. Ready to Prod. 6-26-79	Total Depth 6058'	P.B.T.D. 6042'					
Elevations (DF, RKB, RT, GR, etc.) 6646' GL	Name of Producing Formation Mesa Verde	Top Gas/Gas Pay 4881'	Tubing Depth 5963'					
Perforations 4881, 4972, 4989, 5000, 5008, 5031, 5051, 5107, 5115, 5123, 5135, 5141, 5162		Depth Casing Shoe 6058'						
5170, 5178, 5343, 5379, 5385, 5415, 5434, 5441, 5485, 5491, 5513, 5534, 5558, 5567, 5584, 5605, 5611, 5617, 5631, 5637, 5643, 5659, 5665, 5671, 5677, 5683, 5689, 5695, 5709, 5715, 5721, 5753, 5760, 5766, 5804, 5810, 5855, 5860, 5875, 5890, 5927, 5946, 5972' w/1 SPZ.								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		218		224 cu. ft.			
8 3/4"	7"		3737		393 cu. ft.			
6 1/4"	4 1/2" liner		3579-6058		431 cu. ft.			
	2 3/8"		5963		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)	Casing Pressure (Shut-in)	Choke Size
	183	708	

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.

A. P. Buice
(Signature)

Drilling Clerk

(Title)

July 13, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 18 1979, 19

Original Signed by A. R. Kendrick

BY SUPERVISOR DISTRICT # 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.
Separate Forms C-104 must be filed for each pool in multiple