

OIL CONSERVATION DIVISION  
P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Co. or Person Requesting	
DISTRIBUTION	
SANTA FE	
PIPE	
VEHICLE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
FORMATION OFFICE	
Operator	

El Paso Natural Gas Company

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Sunray D	Well No. 2A	Pool Name, Including Formation Aztec Pic. Cliffs	Kind of Lease State, Federal or Fee SF	Lease No. 078204
Location Unit Letter <u>P</u> : <u>935</u> Feet From The <u>South</u> Line and <u>890</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>30-North</u> Range <u>10-West</u> , NMPM, <u>San Juan</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 21
	Twp. 30N	Rge. 10W
	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:

## 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 2-19-80	Date Compl. Ready to Prod. 3-18-81		Total Depth 5582'		P.B.T.D. 5565'			
Elevations (DF, RKB, RT, CR, etc.) 6271' GL	Name of Producing Formation Pic. Cliffs		Top Oil/Gas Pay 2842'		Tubing Depth 2933'			
Perforations 2842-2857, 2857-2972, 2884-2895, 2900-2920, 2930-2942'. W/12 SPZ.					Depth Casing Shoe 5582'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	231'	224 cF.
8 3/4"	7"	3162'	358 cF.
4 1/2"	4 1/2"	3050-5582'	444 cF.
	1 1/4"	2933'	

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 WELL

Actual Prod. Test-MCF/D 1231	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.) Calc. A.O.F.	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

## 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.

Drilling Clerk

March 19, 1981

## OIL CONSERVATION DIVISION

APPROVED MAR 26 1981, 19

Original Signed by FRANK T. CHAVEZ

BY

TITLE 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 allow-  
able 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.

