

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Petroleum Production Management, Inc.	Well API No. 30-025-30911
Address Suite 200/Sutton Place Bldg. Wichita, Kansas 67202	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sunray 682 Ltd.	Well No. 5	Pool Name, including Formation Lane San Andres	Kind of Lease State, XXXXXX XXXXXX XXXXXX	Lease No. L-332
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 36 Township 9-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company--Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Oklahoma 74102-2039					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 36	Twp. 9S	Rge. 33E	Is gas actually connected? Yes	When? 4-11-90

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 6-18-90	Date Compl. Ready to Prod. 7-24-90		Total Depth 5172'		P.B.T.D. 4684'			
Elevations (DF, RKB, RT, GR, etc.) 4290.6 GR--4303 RKB	Name of Producing Formation San Andres		Top Oil/Gas Pay 4640'		Tubing Depth 4683'			
Perforations 4640' - 4670'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	483'	350
7 7/8"	5 1/2"	5171'	250
---	2 7/8"	4683'	---

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 Tank 7-26-90	Date of Test 9-12-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 38#	Casing Pressure 38#	Choke Size 2 1/2"
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. 100	Gas - MCF 10

GAS WELL

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

VI. OPERATOR 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.Signature W.M. Groesbeck District Engineer
Printed Name W.M. Groesbeck Title
Date 9-12-90 Telephone No. 675-2478

OIL CONSERVATION DIVISION

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate form C-104 must be filed for each pool in multiply completed wells.

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FBIHQ OFFICE