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U.S.G.S.		<u> </u>	L
LAND OFFICE			
TRANSPORTER	OIL		<u> </u>
	GAS	1	
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE /		AND	Effective 1-1-65
		AND NSPORT OIL AND NATURAL GA	16
U.S.G.S.	AUTHORIZATION TO TRAN	ISPURI OIL AND NATURAL OF	
OIL /			
TRANSPORTER GAS /			
OPERATOR /			
PRORATION OFFICE			
Operator Operator			
errion % Bayless	\$		
Address			
	agton, Tev Sexico 87/01		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
	Oil Dry Gas	. 🗂	
Recompletion	Casinghead Gas Condens	≂ I	
Change in Ownership X	Cubinquet des		
If change of ownership give name	El Paso Products Compan	ny Box 3036 Odessa, 🖰	exas 79760
and address of previous owner	T raso rroduces compan	<u>ly 303 3 25 360 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2</u>	12 (3.3
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	ormation Kind of Lease	Lease No.
Lease Name		State, Federal	or Fee Wederal W-078877
Canyon Largo Unit	126 Devils Fork (<u>lallup</u>	
Location) Couth	1850	ha Cast
Unit Letter;	Feet From TheLine	e and $\frac{1850}{}$ Feet From T	he
		Contract to the contract of th	and to
Line of Section Tow	mship 2)4 Range	5.0 , NMPM, 3 io Λ	rriba County
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed conv of this form is to be sent)
Name of Authorized Transporter of Oil	X or Condensate	Address force masters in mining	
Smell Pipeline Corpora	ation	P.O. 30x 1588 Farmi Address (Give address to which approv	ngton, ew exico 8740
Name of Authorized Transporter of Cas	inghead Gas 🔀 📗 or Dry Gas 🗀	Address (Give address to which approv	ed copy of this form is to be sent)
71 Paso Tatural Cas Co		F.C. Box 990 Farming	ton, New Mexico 87401
	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
If well produces oil or liquids,	ip 3 24 4 60	Yes	5-24-63
give location of tanks.	<u> </u>	<u> </u>	
If this production is commingled wit	th that from any other lease or pool,	give commingting order number.	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Completion	. 011		
_	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compi. Ready to Piou.		
	La Caracter Constitution	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 012/ 000 1 17	
			Depth Casing Shoe
Destantions			
Perforations			
Periorditions			
Petrorations		CEMENTING RECORD	CACKE CEMENT
Perforations HOLE SIZE	TUBING, CASING, AND	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
			SACKS CEMENT
			SACKS CEMENT
			SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET Ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to provide top all
HOLE SIZE TEST DATA AND REQUEST F	CASING & TUBING SIZE	DEPTH SET	and must be equal to provide top all
HOLE SIZE	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de	DEPTH SET Ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to only top all. ift, etc.)
HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de	DEPTH SET Ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to contact top all. (if, etc.)
HOLE SIZE TEST DATA AND REQUEST FOUL WELL	OR ALLOWABLE (Test must be a able for this de	after recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to continue top alle
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HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	DEPTH SET Infter recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas li	choke Site FEB 16 1970 Gas-MC OIL CON. COM
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HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	OR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure Oil-Bbls. Length of Test	DEPTH SET Infter recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure Water-Bble. Bbls. Condensate/MMCF	choke Site FEB 16 1970 Gas-MC OIL CON. COM DIST. 3
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HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de able for this de able for this de Coll-Bbls. Length of Test Tubing Pressure (Shut-in)	DEPTH SET Infter recovery of total volume of load oil epith or be for full 24 hours) Producing Method (Flow, pump, gas list Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	and must be equal to one control all sit, etc.) Choke Site FEB 16 1970 Gas-MC OIL CON. COM. DIST. 3 Gravity of Condensate Choke Size ATION COMMISSION
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HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPLIAN I hereby certify that the rules and	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de able for this de able for this de Citable for this de able	DEPTH SET Infter recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas listed to be for full 24 hours) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERVA APPROVED TITLE This form is to be filed in	choke Size Choke Size Choke Size Choke Size Choke Size Choke Size ATION COMMISSION FEB 1 6 1970 V Emery C. Arnold

(Signature) Operator (Title)

2-16-70

(Date)

well, this form must be accompanied by a tabulation of 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 multiply completed wells.