DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE 1. Operator El Paso Natural Gas Company Address P. O. Box 990, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Dry Gas Recompletion Oil Change in Ownership Castnahead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No., Pool Name, Including Formation Kind of Lease Lease No. Canyon Largo Unit 280 So. Blanco P.C. State, Federal &r Fee SF 07888 Location South Line and 1650 1500 West Unit Letter Feet From The 14 25-N Range 6-W Township , NMPM, Rio Arriba Line r 🦛 ion County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil cndensate 🔀🕇 P. O. Box 990, Farmington, New Mexico El Paso Natural Gas Company 87401 Name of Authorized Transporter of Casinghead Gas or Dry Gas laress (Give address to which approved copy of this form is to be seni) 87401 P. O. Box 990, Farmington, New Mexico El Paso Natural Gas Company Is gas actually connected? Unit Twp. If well produces oil or liquids, 25-N 6-W K 14 If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Gas Well Oil Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) χ χ Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. 4-9-76 9-7-77 2724' 2714' Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top **Oxix**Gas Pay Tubing Depth 6549' GR 2567' Pictured Cliffs tubingless Perforations Depth Casing Shoe 2567, 2570, 2573, 2576, 25791 2724' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 123' GI 12 1/4" 8 5/8" 106 cf 6 3/4" 7/8" 2724' 229 cf tubingless (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Size. Tubing Pressure Casing Pressure Length of Test Water - Bbls. Actual Prod. During Test Oil-Bbls. U, GAS WELL Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size 735 OIL CONSERVATION COMMISSION 2 1377 APPROVED

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. G. Brices | |
|----------------|--|
| (Signature) | |
| Drilling Clerk | |

(Title)

(Date)

9-16-77

Original Signed by A. R. Kendrick RY SUPERVISOR DIST. #5 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.

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