

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
STAFF	
FILE	
I.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR
 Operator: El Paso Natural Gas Company
 Address: P. O. Box 990, Farmington, NM 87401
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Castanhead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Canyon Largo Unit Well No.: 6 Pool Name, including Formation: Basin Dakota Kind of Lease: State, (Federal) or Fee Lease No.: SF07892
 Location:
 Unit Letter A 965 Feet From The North Line and 1160 Feet From The East Line
 Section 25 Township 24-N Range 6-W, N.M.P.M., Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : El Paso Natural Gas Company Address: P. O. Box 990, Farmington, NM 87401
 Name of Authorized Transporter of Castanhead Gas or Dry Gas : El Paso Natural Gas Company Address: P. O. Box 990, Farmington, NM 87401
 If well produces oil or liquids, give location of tanks: _____ Unit: A Sec.: 25 Twp.: 24-N Rge.: 6-W 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.	Diff. Res.
		X	X					
Date Spudded: <u>04-12-77</u>	Date Compl. Ready to Prod.: <u>07-19-77</u>	Total Depth: <u>6815'</u>	P.B.T.D.: <u>6799'</u>					
Elevations (DF, RKB, RT, GR, etc.): <u>6646' GR</u>	Name of Producing Formation: <u>Dakota</u>	Top XX Gas Pay: <u>6490'</u>	Tubing Depth: <u>6694'</u>					
Perforations: <u>6490', 6500', 6520', 6604', 6626', 6634', 6642', 6695', 6700'</u>						Depth Casing Shoe: <u>6815'</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13 3/4"</u>	<u>9 5/8"</u>		<u>216'</u>		<u>224 cf.</u>			
<u>8 3/4" & 7 7/8"</u>	<u>4 1/2"</u>		<u>6815'</u>		<u>1865 cf.</u>			
	<u>2 3/8"</u>		<u>6694'</u>		<u>tbq.</u>			

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): 999 Casing Pressure (shut-in): 1922 Choke Size: _____

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.

D. G. Guss
(Signature)

Drilling Clerk
(Title)

August 2, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY Original Signed by A. R. Kendrick
 TITLE SUPERVISOR

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 deviated 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.