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SANTA FE	1				
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TRANSPORTER	OIL	1			
	GAS	1			
OPERATOR	2				
PRORATION OFFICE					

	SANTA FE / FILE / LU.S.G.S.	NEW MEXICO OIL REQUEST AUTHORIZATION TO TR	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65			
I.	TRANSPORTER OIL   GAS   OPERATOR					
	El Paso Natural Gas (	Company				
	Box 990, Farmington, Reason(s) for filing (Check proper box	New Mexico - 87401	Tou			
	New Well	Change in Transporter of:	Other ()	Please explain)		
	Recompletion Change in Ownership	Oil Dry G	ensate X			
	If change of ownership give name			-		_
II.	and address of previous owner  DESCRIPTION OF WELL AND	IFACE				
	Lease Name	Well No. Pool Name, Including F		Kind of Lease	Lease No	
	Canyon Largo Unit 95 (Dk) Basin Dakota		B	Spate, Federal or	Fee E-291-3	
	Unit Letter B : 99	Feet From The North Li	ne and1650	Feet From The	East	-
	Line of Section 36 To	wnship <b>25N</b> Range	<b>6W</b> , 1	NMPM, Rio Arr	iba County	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA				_,
	Camerland Pipelines,	Inc.	1001 W. Cen	ter Avenue. De	copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas or El Paso Natural Gas Company			Address (Give add	ress to which approved (	copy of this form is to be sent)	ᅦ
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  B 36 25N 6W	Is gas actually con	rmington, New 1	Mexico	$\dashv$
IV	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling	order number:		┙
	Designate Type of Completic	Oil Well Gas Well	New Well Works	over Deepen Pl	ug Back   Same Res'v. Diff. Res'	v.]
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.	B.T.D.	-
	Elevations (DF, RKB, RT, GR, etc.)	GR, etc.; Name of Producing Formation Top Oil/Gas Pay		Tu	Tubing Depth  Depth Casing Shoe	
	Perforations		De			
		TUBING, CASING, ANI	D CEMENTING RE	CORD		$\dashv$
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
						1
V.	TEST DATA AND REQUEST FO	OR ALLOWARLE (Test must be a	ifter recovery of total	solume of load all and a	nust be equal to of exceed top allo	
i	OIL WELL Date First New Oil Run To Tanks		pth or be for full 24	hours)		υ= -
ĺ	Date I hat New On Hair 10 Tanks	Date of Test	Producing Method (Flow, pump, gas lift,		"/atl[IVED \	
	Length of Test	Tubing Pressure	Casing Pressure	Ch	10V3 1966	1
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.		Gas-MCF CON. COM	
1	CACWETY	I	1		OIL OUST. 3	┙
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/	MMCF Gre	avity of Condensate	٦
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (S	Shut-in) Ch	oke Size	-
VI	CERTIFICATE OF COMPLIANCE					
<b>v.</b> .	CENTIFICATE OF COMPLIANC	, <b>L</b>	01	IL CONSERVATIO		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		I I Frank C Arnold			
4	above is true and complete to the	best of my knowledge and belief.	<del> </del>	nal Signed by . SUPERVISOR DI		-
			TITLE	<del></del>		-
	Original Signed		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.			
	Petroleum Engineer (Signa	ture)				
-	November 1, 1966	e)		s of this form must be d recompleted wells.	filled out completely for allow	•
-	(Dat	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.				

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.