

5
NANTAFE
FILE
U.S.C.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-101 and C-110
Effective 1-1-65

Operator
El Paso Natural Gas Company
Address
PO 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 ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name Canyon Largo Unit Well No. 172 Pool Name, Including Formation Ballard Pictured Cliffs Kind of Lease State, (Federal) or Fee SF Lease No. 078878
Location
Unit Letter N ; 910 Feet From The South Line and 1665 Feet From The West
Line of Section 27 Township 25N Range 7W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company PO Box 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company PO Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit N Sec. 27 Twp. 25 Rge. 7 Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.
8-4-71 1-13-72 2757' 2747'
Elevations (DF, RKB, RT, GR, etc.) 6970'GL Name of Producing Formation Pictured Cliffs Top Gas Pay 2640' Tubing Depth
2640-46', 2654-66', 2675-81, 2689-95' Tubingless completion
Depth Casing Shoe 2757'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 142' 90 sk.
6 3/4" 2 7/8" 2757' 135 sk.

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
OIL CON. COM. DIST. 3

GAS WELL
Actual Prod. Test-MCF/D 279 AOF Length of Test 3 hrs. Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size
Calc. AOF --- 442 3/4"

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.
Petroleum Engineer
January 18, 1972

OIL CONSERVATION COMMISSION
JAN 19 1972
APPROVED
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.