| ī. | DISTRIBUTION ANTA FE ILE JUSG.S. LAND OFFICE IRANSPORTER OIL / GAS / OPERATOR PROBATION OFFICE Operator E1 Paso Natural Gas Com | AUTHORIZATION TO TRA | CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATUR | PAL GAS | Foun C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | |
|------|---|---------------------------------------|---|----------------|--|--|
| | P. O. Box 990, Farmington, NM 87401 | | | | | |
| | Reason(s) for filing (Check proper box |) | Other (Please explain | , | · · · · · · · · · · · · · · · · · · · | |
| | New Well | Change in Transporter of: | | | | |
| | Recompletion | OII Dry Go | as 🔲 | | į | |
| | Change in Ownership | Casinghead Gas Conde | ensate | | | |
| | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | |
| | and address of previous owner | | | | | |
| 11. | DESCRIPTION OF WELL AND | LEASE | | | | |
| | Lease Name | Well No. Pool Name, Including F | ormation Kind of | Lease | Lease No. | |
| | Canyon Largo Unit | 241 Basin Dakota | State,(F | `ederal)cr Fee | SF078879 | |
| | Location | | 1010 | | Tu | |
| | Unit Letter K : 1460 |) S Feet From TheLir | ne andFeet | From The | W | |
| | | | | | | |
| | Line of Section 23 | waship 25N Range | 7W , NMPM, R | io Arriba | County | |
| | | | | | | |
| III. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | AS | | | |
| | Name of Authorized Transporter of Cii or Condensate X | | Address (Give address to which approved copy of this form is to be sent) | | | |
| | E1 Paso Natural Gas Company Name of Authorized Transporter of Casinghead Gas or Dry Gas X | | P. O. Box 990, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) | | | |
| | i | | Address (Give address to which | approved copy | of this form is to be sent) | |
| | El Paso Natural Gas Con | P. O. Box 990, Farmington, NM 87401 | | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | |
| | give location of tanks. | K 23 25N 7W | | <u> </u> | | |
| | | th that from any other lease or pool, | give commingling order number | : | | |
| IV. | COMPLETION DATA | Oll Well Gas Well | | | | |
| | Designate Type of Completic | | New Well Workover Deepe | en Plugi | Back Same Resty. Diff. Resty. | |
| | Date Spudded | Date Compl. Ready to Prod. | | | | |
| | i ' | 11-16-75 | Total Depth 7276 | P.B.T | 60' | |
| | 06-26-73 Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top XI/Gas Pay | | | |
| | i ' | Dakota | 6906 | | g Depth | |
| | 6810' GL | 6912', 6972', 6974', 697 | 1 | | Casing Shoe | |
| | 70401 70421 70441 7 | 060! 7062! 7064! 7092 | 70941 70961 709 | 8 72 | 76' | |
| | 7040', 7042', 7044', 7060', 7062', 7064', 7092', 7094', 7096', 7098' 7276' TUBING, CASING, AND CEMENTING RECORD | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | |
| | 13 3/4" | 9 5/8" | 234' | - 22 | 5 cu. ft. | |
| | 8 3/4" and 7 7/8" | 4 1/2" | 7276' | ſ | 64 cu. ft. | |
| | 0 3/ + and / //0 | 2 3/8" | 7043' | Tb | | |
| | | | | | <u> </u> | |
| v | TEST DATA AND DECUEST DA | OR ALLOWARIE (Tank mine to a | fter recovery of social column of the | d all and no | the sound to an arrange of the | |
| • | TEST DATA AND REQUEST FOR ALLOWABLE (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) | | | | | |
| i | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, | as lift, etc.) | A Section 1 | |
| | | | | 3,500 | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Chok. | Size | |
| | | | | 1100 | 1 | |
| | Actual Prod. During Test | Oil-Bbis. | Water-Bbls. | DE | 65 2 1975 | |

| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
|----------------------------------|---------------------------|---------------------------|-----------------------|--|
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | DECT 2 1975 | |
| GAS WELL | | | CIL CON. COM- | |
| Actual Prod. Test-MCF/D TSTM | Length of Test 3 hours | Bbls. Condensate/MMCF | Grantty of Condensate | |
| Testing Method (pirot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| Calc. A.O.F. | 410 | 1712 | | |
| CERTIFICATION OF COURT | *100 | | | |

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.

| L. D. Durco | | | | | |
|-------------------|--|--|--|--|--|
| (Signature) | | | | | |
| Drilling Clerk | | | | | |
| (Title) | | | | | |
| December 12, 1975 | | | | | |

(Date)

OIL CONSERVATION COMMISSION APPROVED. ORIGINAL SIGNED BY N. E. MAXWELL, JR. 19 BY_ PHTROLEUM I. 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. Canarata Forms Callid must be filed for each cool in multiply