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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address PO Box 990, Farmington, NM	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

Lease Name Canyon Largo Unit	Well No. 209	Pool Name, including Formation Ballard Pictured Cliffs	Kind of Lease State, (Federal) or Fee	Lease No. SF 078875
Location Unit Letter M ; 940 Feet From The South Line and 1020 Feet From The West Line of Section 29 Township 25N Range 6W , NMPM, Rio Arriba County				

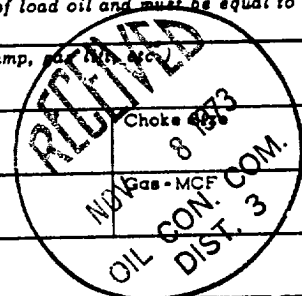
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 29	Twp. 25N	Rge. 6W	Is gas actually connected?	When

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 9-25-73	Date Compl. Ready to Prod. 10-25-73	Total Depth 2721'		P.B.T.D. 2711'					
Elevations (DF, RKB, RT, GR, etc.) 6781'GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2638'		Tubing Depth tubingless					
Perforations 2603-14' and 2664-80'				Depth Casing Shoe 2721'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4"	8 5/8"	129'		106 cu. ft.					
7 7/8" & 6 3/4"	2 7/8"	2721'		242 cu. ft.					
		tubingless							

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, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF



GAS WELL	Actual Prod. Test-MCF/D 656	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. AOF	Tubing Pressure (shut-in) tubingless	Casing Pressure (shut-in) 532	Choke Size 3/4"	

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. Lisco  
(Signature)  
Drilling Clerk  
(Title)  
November 7, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 8 1973, 19\_\_

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.