| 5. or cor,2.             | <b></b> . | ı    | 5      |
|--------------------------|-----------|------|--------|
| DISTRIBUTIO              |           |      |        |
| SANTA FE                 | 7         |      |        |
| FILE                     | 1         | u    |        |
| U.S.G.S.                 | 1         |      |        |
| LAND OFFICE              |           |      |        |
| TRANSPORTER              | OIL       | 1    |        |
|                          | GAS       | 1    |        |
| OPERATOR                 |           | 1    |        |
| PRORATION OF             |           |      |        |
| El Paso Natu             | ıral (    | Gas  | Сопраг |
| Address<br>P. O. Box 990 | ). Fa     | rmin | gton.  |

|                               | GANTA FE / FILE / U.S.G.S. LAND OFFICE  TRANSPORTER OIL / GAS / OPERATOR /   | AUTH                                 | NEW MEXICO OIL<br>REQUEST<br>ORIZATION TO TR  | Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65 GAS  |   |   |  |
|-------------------------------|--|--------------------------------------|---|--|---|---|--|
| 1.                            | PRORATION OFFICE Operator El Paso Natural Gas Co   | ompany                               |   |  |   |   |  |
|                               | P. O.Box 990, Farmington, NM 87401   |                                      |   |  |   |   |  |
|                               | Reason(s) for filing (Check proper bo.   | ,                                    |   | Other (Plea  |   |   |  |
|                               | New Well   |                                      | n Transporter of:   | Other (Plea  | se explain)                               |   |  |
|                               | Recompletion Change in Ownership   | Oil<br>Casinghe                      | ad Gas Condi  | ias ensate   |   |   |  |
|                               | If change of ownership give name and address of previous owner   |                                      |   | - Lugand   |   |   |  |
| 18.                           | DESCRIPTION OF WELL AND  | LEASE                                |   |  |   |   |  |
|                               | Canyon Largo Unit  Well No. Pool Name, Including F Ballard PC  |                                      | ormation   Kind of Lease   State(, Federal ):r Fe   |  | Lease No.                                 |   |  |
|                               | Location Unit Letter E : 180   | )()                                  | m The N Li  | ne and840  | Feet From T                               | TheW  |  |
|                               | Line of Section 13 To  | wnship 25                            | V Range   | 7W , NMPI  | м, Rio Ar                                 | riba  |  |
| III.                          | DESIGNATION OF TRANSPOR  | TER OF OIL                           | AND NATURAL G   | AS   |   |   |  |
|                               | Name of Authorized Transporter of Of   | or C                                 | ondensate X   | Address (Give address  |   | ed copy of this form is to be sent)                 |  |
|                               | El Paso Natural Gas Co   | Singhead Gas                         | or Dry Gas X  | P. O. Box 99 Address (Give address   | to which approv                           | cton, NM 87401  ed copy of this form is to be sent) |  |
|                               | El Paso Natural Gas Co   |                                      | 77  | P. O. Box 99   | 0, Farming                                | ton, NM 87401                                       |  |
|                               | If well produces oil or liquids, give location of tanks.   | Unit Sec                             |   | Is gas actually connec   | ted? Whe                                  | n   |  |
|                               | If this production is commingled wi COMPLETION DATA  | th that from an                      | y other lease or pool,  | give commingling orde  | er number:                                |   |  |
| • • •                         | Designate Type of Completic  | on = (X)                             | il Well Gas Well  | New Well Workover  | Deepen                                    | Plug Back   Same Restv. Diff. Restv.                |  |
|                               | Date Spudded   | Date Compl. R                        | eady to Prod.   | X<br>Total Depth   | 1   | P.B.T.D.  |  |
|                               | 03-31-76   | 08-03-70                             | 5   | 2838'  |   | 2828'   |  |
|                               | Elevations (DF, RKB, RT, GR, etc.) 6841 GL Perforations  | Name of Produ                        | cing Formation  | Top <b>X</b> 11/Gas Pay 2714   |   | Tubing Depth Tubingless                             |  |
|                               | 2714', 2748', 2774', 2   | 2778'. 278:                          | 21. 27861. 2804   | 4 '  |   | Depth Casing Shoe                                   |  |
|                               |  | TUBING, CASING, AND CEMENTING RECORD |   |  |   |   |  |
| .                             | 12 1/4"  | 8 5/8"                               | & TUBING SIZE   | 125' GL  | ET  | sacks cement<br>106 cu. ft.                         |  |
|                               | 6 3/4"   |                                      |   | 2838'  |   | 255 cu. ft.   |  |
|                               | ,  |                                      |   |  |   |   |  |
| <b>v</b> .                    | TEST DATA AND REQUEST FO   | DR ALLOWAI                           | BLE (Test must be a   | fter recovery of total volu  | ime of load oil a                         | nd must be equal to or exceed top allow-            |  |
| ĺ                             | All. WEIL  able 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 Pressu                        | re  | Casing Pressure  |   | Choke Size  |  |
|                               | Actual Prod. During Tost   | Oll-Bbls.                            |   | Water - Bbls.  |   | Choke Size  |  |
| GAS WELL                      |  |                                      |   |  |   |   |  |
|                               | Actual Prod. Test-MCF/D  | Length of Test                       |   | Bbls. Condensate/MMC   | F   | Gravity of Condensate                               |  |
|                               | Testing Method (pitot, back pr.)   | Tubing Pressur                       | e(Shut-in)  | Casing Pressure (Shut  | -in)                                      | Choke Size  |  |
| VI.                           | CERTIFICATE OF COMPLIANC   | CE .                                 |   |  | CONSERVAT                                 | TON COMMISSION                                      |  |
| ,                             | I hereby cartify that the rules and r  | equietions of t                      | ha Oil Connervation   | APPROVED 1975 19   |   |   |  |
|                               | 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. |                                      |   | BY Previous search agree & Meanings  |   |   |  |
|                               | .1 1 1   |                                      |   | TITLE  |   | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1             |  |
| _                             | Drilling Clerk   |                                      |   | 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. |   |   |  |
|                               |  |                                      |   |  |   |   |  |
| (Title) August 6, 1976 (Date) |  |                                      | All sections of able on new and re-   |  | be filled out completely for allow-<br>s. |   |  |
|                               |  |                                      | 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. |  |   |   |  |