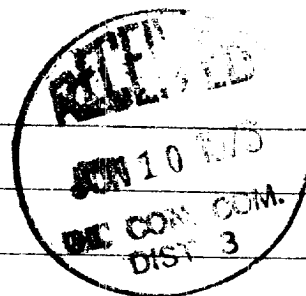


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DISTRICT	
COUNTY	
CITY	
STATE	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	/

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



I. OPERATOR
El Paso Natural Gas Company
Address
P. O. Box 990, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter etc.
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Gashead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 244	Pool Name, Including Formation Ballard PC	Kind of Lease State (Federal or Fee)	Lease No. SF078879
Location Unit Letter <u>I</u> ; <u>1490</u> Feet From The <u>S</u> Line and <u>1025</u> Feet From The <u>E</u> Line of Section <u>23</u> Township <u>25N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401	
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks. <u>I</u> <u>23</u> <u>25N</u> <u>7W</u>	Is gas actually connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		☒	☒					
Date Spudded <u>03-24-76</u>	Date Compl. Ready to Prod. <u>06-02-76</u>	Total Depth <u>2695'</u>		P.B.T.D. <u>2684'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>6784' GL</u>	Name of Producing Formation <u>PC</u>	Top <u>GL</u> /Gas Pay <u>2558</u>		Tubing Depth <u>Tubingless</u>				
Perforations <u>2558', 2564', 2570', 2621', 2624', 2627', 2636'</u>			Depth Casing Shoe <u>2695'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>124' GL</u>		<u>106 cu. ft.</u>				
<u>6 3/4"</u>	<u>2 7/8"</u>	<u>2695'</u>		<u>225 cu. ft.</u>				
<u>Tubingless Completion</u>								

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 440	Choke Size

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.

Drilling Clerk

June 08, 1976

OIL CONSERVATION COMMISSION

APPROVED 5, 19

BY

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. Separate Forms C-104 must be filed for each pool in multiple