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| U.S.G.S. | | | L |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | | |
| | GAS | $\overline{1}I$ | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |
| Operator | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

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

| | FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS | AUTHORIZATION TO TRA | AND NSPORT OIL AND NAT | Effective 1 | -1-65 | | |
|-----|---|---|---|--|---------------------|--|--|
| 1. | PRORATION OFFICE | | | | | | |
| , | orrion & devless | | | | | | |
| | Address ox 1541 Tarmington, Lev exico 17401 | | | | | | |
| | eason(s) for filing (Check proper box) Other (Please explain) | | | | | | |
| | ev We!l Change in Transporter of: Oil Dry Gas | | | | | | |
| | Change in Ownership | Casinghead Gas Conden | sate | | | | |
| | If change of ownership give name and address of previous owner | 1 Taso Trobuct | s Company Cox 3 | 9% Nessn. Nexns | 70750 | | |
| II. | DESCRIPTION OF WELL AND I | Well No. Pool Name, Including Fo | J1.11412011 | nd of Lease | Lease No. | | |
| | Canyon Largo Unit | anyon Largo Unit 110 Cevils Conk Calling State, Federal or Fee Cakeral 10-7(00) | | | | | |
| | Ocation 1700 cartil 300 Feet From The | | | | | | |
| | i | nship Range | , NMPM, | Me Arriba | County | | |
| | The or Section | | | | | | |
| Ш. | DESIGNATION OF TRANSPORT | or Condensate | Address forthe address to m | hich approved copy of this form | | | |
| | hell "ipeline Corporation of Authorized Transporter of Cas | tion | Address (Give address to u | Frenington, levi hich approved copy of this form | exice [411] | | |
| | 11 Paso Matural Gas Con | . Saula | | 7. 0. fox 000 Farmington, lew Texico 97 | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? | When 5-01-63 | | | |
| | If this production is commingled wit | h that from any other lease or pool, | give commingling order nu | mber: | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | | | Res'v. Diff. Res'v. | | |
| | Designate Type of Completio | n - (A) | Total Depth | P.B.T.D. | | | |
| | Date Spudded | | | Tubing Depth | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Cil/Gas Pay | | | | |
| | Perforations | | | Depth Casing Sho | e | | |
| | | TUBING, CASING, AN | D CEMENTING RECORD SACKS CEMENT | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS | CEMENT | | |
| | | | | | | | |
| | | | | | | | |
| v | 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| | Date First New Oil Run To Tanks | | | Choke Mze | 370 | | |
| | Length of Test | Tubing Pressure | Casing Pressure | / / / / / / / / / / / / / / / / / / / | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bbis. | Gag-MCF | 1 (1) 75 | | |
| | | | | | | | |
| | A stual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Grawity of Conde | ngate | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-i | Choke Size | | | |
| VI | . CERTIFICATE OF COMPLIAN | CE | OIL CO | NSERVATION COMMIS | SSION | | |
| | I hereby certify that the rules and | regulations of the Oil Conservation | APPROVED FEB 1 6, 1970 Original Signed by Emery C. Arnold BY ORIGINAL SIGNED DIST, #8 | | | | |
| | Commission have been complied to above is true and complete to the | BY Original Signed by Emery C. Arriold Supervisor Dist. #8 | | | | | |
| | TITLE | | | | | | |
| | DU R | 4 | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend | | | | |
| | 1) X Sign | well, this form must be accompanied by a tabulation of the | | | | | |
| • | Operator | itle) | All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, and VI for changes of owner, well name or number, or transporter, or other such change of condition. | | | | |
| | 2-16-70 | | | | | | |
| | (D | ate) | | | | | |