And the second s				
NO. OF COPIES RECEIVED			6	
DISTRIBUTION				
SANTA FE		/		
FILE		1	C	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	/		
	GAS	1		
OPERATOR .		2		
PRORATION OFFICE				

	SANTA FE /	•	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE / C		AND	Effective 1-1-65		
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL /					
	TRANSPORTER GAS /					
	OPERATOR 2					
I.	PRORATION OFFICE					
	Coperator El Paso Natural Gas Company Address					
	PO Box 990, Farmington, NM 87401 Reason(s) for filing (Check proper box) New We!! Change in Transporter of:					
	Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate					
	Change in Ownership Casinghead Gas Condensate					
	If change of ownership give name and address of previous owner					
Ħ.	DESCRIPTION OF WELL AND LEASE Lease Name					
	Canyon Largo Unit 165 Otero Chacra State, Federal or Fee SF 0/8884					
	Location					
	Unit Letter K : 1750 Feet From The South Line and 1750 Feet From The West					
	A 25N F 6W NUCL Rio Arriba County					
	Line of Section 14 Tow	risinp 2011 Hangs				
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil Condensate X Address (Give address to which approved copy of this form is to be sent,					
	Name of Authorized Transporter of Cil El Paso Natural Gas	or Condensate X	PO Box 990, Farming	ston, NM 87401		
	Name of Authorized Transporter of Cas	Inghead Gas Cor Dry Gas X	Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas		PO Box 990, Farming			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected? Whe	rn		
give location of tanks. K 14 25 0						
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completion		X	P.B.T.D.		
	Date Spudded 8-30-71	Date Compl. Ready to Prod. 10-25-71	Total Depth . 3614'	3604'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top XX/Gas Pay	Tubing Depth Tubingless Completion		
	6557'GL	Chacra	3421'			
	Perforations			Depth Casing Shoe 3614'		
	3421-33', 3521-33'	THRING CASING AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8"	136'	90 sks.		
	6 3/4"	2 7/8"	3614'	310 sks.		
•,	THE DATE AND PROVINCE FO	FET DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of				
V.	able for this depth or be for full 24 hours)					
Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test			1 (19) 4 (17) 1		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
				DIST. 3		
	CAC HET T					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	1918	3 hours	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	831	3/4"		
	Calc. AOF	OF.		ATION COMMISSION		
VI	. CERTIFICATE OF COMPLIAN	CE	NOV 4	L 1971		
	I hereby certify that the rules and	regulations of the Oil Conservation	The state of the s			
	Original Signed F. H. Woon (Signature) Petroleum Engineer (Title)		By_Original Signed by			
			TITLESUPERVISOR DIST: #3			
			This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.			
			All sections of this form mi	ast be filled out completely for allow-		
			able on new and recompleted wells.			
	November 3, 1971	ate)	well name or number, or transporter, or other such change of			
	(Date)		Separate Forms C-104 must be filed for each pool in multiply			

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.