NO OF CHEIRS PECETIFIC			5		
DISTRIBUTE					
SANTA FE					
FILE			u		
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS	1			
OPERATOR		1			
PRORATION OFFICE			L		
Operator					
		l Gas	Co		

	POINT OF THANSPORTER OIL / THA					Old C-104 and C-110 -65		
i.	GAS / OPERATOR / PRORATION OFFICE							
	El Paso Natural Gas Company							
	PO Box 990, Farmington, NM 87401							
	Reason(s) for filing (Check proper box)		Other (Pl	ease explain)				
	New Well X Recompletion Change in Ownership	Change in Transporter of: Ott Dry Gas Casinghead Gas Conden						
	If change of ownership give name and address of previous owner							
Ħ.	DESCRIPTION OF WELL AND I	LEASE. Well No. Pool Name, Including Fo	rmation	Kind of Lease		Lease No.		
	Canyon Largo Unit	187 Basin Dakota		State Federal	r Fee	SF <u>078882</u>		
		700 Feet From The South Line	and <u>1840</u>	Feet From Th	e <u>East</u>			
	Line of Section 20 Tow	mship 25N Range	6W , NI	мрм, Rio	Arriba	County		
Ш.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S Address (Give addre	ess to which approve	d copy of this form i	s to be sent)		
	Name of Authorized Transporter of Cil El Paso Natural Gas Con		PO B	ox 990. Farm	ington, NM 8	37401		
	Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas X	1	ox 990, Farm		T I		
	El Paso Natural Gas Con	mpany Unit Sec. Twp. Ege.	Is gas actually con			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	If well produces all or liquids, give location of tanks.	J 20 25N 6W	give commingling	order number:				
IV.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	New Well Worker		Plug Back Same F	Res'v. Diff. Res'v.		
	Designate Type of Completion		1		·			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	7305'		
	8-19-72 Elevations (DF, RKB, RT, GR, etc.) 6752 GL	9-27-72 Name of Producing Formation Dakota	7320 Top Ox/Gas Pay 6966		Tubing Depth	7090'		
		J		Depth Casing Shoe	7320¹			
	6966-76', 7028-38', 7066-76' and 7096-7111' TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPT	H SET	SACKS C	225 cu. ft.		
	13 3/4"	9 5/8" 4 1/2"	7320			1201 cu. ft.		
	8 3/4" & 7 7/8"	2 3/8"	7090			tubing		
					a and he south	card top allow-		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to are access to allow able 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	Date of Test	Producing Method (flow, pump, gas tift	, etc.)	Transit & East Green		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	3 1972		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	er-Bbls. Ga		o-MCFT. CON. COM.		
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/	MMCF	Gravity of Condens	at●		
	715	3 hours	15.6	Shut-in)	Choke Size	52°		
	Testing Method (pitot, back pr.)	Tubing Pressure(shut-in) 1921	Casing Pressure (Chore 5124	3/4"		
W/#	Calc. AOF CERTIFICATE OF COMPLIAN			IL CONSERVA		ION		
¥1.			APPROVED			, 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 beat of my knowledge and belief.								
		TITLE SUPERVISOR DIST. #3 This form is to be filed in compliance with RULE 1104.						
	N // /).							
	110/200			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				
	Petroleum Engineer	All sections of this form must be filled out completely for allowable on new and recompleted wells.						
	(Ti							
	October 2, 1972	0167	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					

October 2, 1972