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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

TRANSPORTER CHANGED FROM SHELL
OIL COMPANY TO SHELL PIPE LINE
CORPORATION EFFECTIVE 12/31/69

Operator El Paso Products Company	
Address Post Office Box 1560, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain) Change in Company Name:
New Well <input type="checkbox"/>	El Paso Natural Gas Products Company to EL PASO PRODUCTS COMPANY
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

Lease Name Canyon Largo Unit		Well No. 121	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter	A	990	Feet From The North	Line and 990 Feet From The East
Line of Section	17	Township	24N	Range 6W, NMPM, Rio Arriba County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Shell Oil Company					P. O. Box 1588, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					P. O. Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 8	Twp. 24N	Rge. 6W	Is gas actually connected? Yes	When 5-24-63

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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

RECEIVED
MAR 2 1966
OIL CON. COM.
DIST. 3

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure
	Casing Pressure
	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED MAR 2 1966, 19	
Original Signed WILLIAM R. SPEER		BY Original Signed Emery C. Arnold	
(Signature)		TITLE Supervisor Dist. # 3	
Division Manager		This form is to be filed in compliance with RULE 1104.	
(Title)		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.	
February 28, 1966		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)		Fill out Sections I, II, III, and VI only 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.	