

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1166)

Name of Company <b>El Paso Natural Gas Company</b>				Address <b>Box 990, Farmington, New Mexico</b>			
Lease <b>Canyon Largo Unit</b>		Well No. <b>109</b>	Unit Letter <b>F</b>	Section <b>2</b>	Township <b>25-N</b>	Range <b>5-W</b>	
Date Work Performed <b>9-25-61</b>		Pool <b>So. Blanco Pictured Cliffs</b>			County <b>Rio Arriba</b>		
THIS IS A REPORT OF: (Check appropriate block)							
<input type="checkbox"/> Beginning Drilling Operations		<input type="checkbox"/> Casing Test and Cement Job		<input checked="" type="checkbox"/> Other (Explain):			
<input type="checkbox"/> Plugging		<input type="checkbox"/> Remedial Work		<b>Water Frac.</b>			
Detailed account of work done, nature and quantity of materials used, and results obtained.  <b>9-25-61 Total Depth 2894'. C.O.T.D. 6863'. Water fractured Pictured Cliffs perforated intervals 2834-48; with 33,674 gallons water and 30,000# sand. BDP 1300#, max pr 3500#, avg tr pr 2800#. Injection rate 22 BPM. Flush 796 gallons. Did not drop any balls.</b>							
Witnessed by				Position		Company	
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY							
ORIGINAL WELL DATA							
D F Elev.		T D		PBTD		Producing Interval	
Completion Date		Tubing Diameter		Tubing Depth		Oil String Diameter	
Oil String Depth		Perforated Interval(s)		Open Hole Interval		Producing Formation(s)	
RESULTS OF WORKOVER							
Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD	
Before Workover							
After Workover							
OIL CONSERVATION COMMISSION				I hereby certify that the information given above is true and complete to the best of my knowledge.			
Approved by <b>Original Signed Emory C. Arnold</b>				Name <b>Emory C. Arnold</b>			
Title <b>Supervisor Dist. # 3</b>				Position <b>Petroleum Engineer</b>			
Date <b>SEP 28 1961</b>				Company <b>El Paso Natural Gas Company</b>			

STATE OF NEW YORK	
OIL COMPANY REGISTRATION	
REGISTRATION OFFICE	
NUMBER OF REGISTRATION	
DATE OF REGISTRATION	
NAME OF COMPANY	
ADDRESS	
CITY	
COUNTY	
TRANSPORTER	
FUELING STATION	
OPERATOR	