Rl Paso I	latur	al G	ie.s
Operator			
PROBATION OFFICE			
OPERATOR		2	
I NAME ON LA	GAS	1	
IRANSPORTER	OIL	/	
LAND OFFICE			
U.S.G.S.			
FILE			6,
SANTA FE			
DISTRIBUTION			
NO. OF COPIES RECEIVED		6	

DISTRIBUTION /		NSERVATION COMMISSION Form C-104  COD ALLOWARIE Supersedes Old C-104 and C-1	
FILE	REQUEST FOR ALLOWABLE  Supersedes Old C-104 and C-11  Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
LAND OFFICE	AUTHORIZATION TO TRA	NO OKT OIL AND HATOKAL	
OIL /			SOFILA
TRANSPORTER GAS /			OF FIVEN
OPERATOR 2			\Krnriarn /
I. PRORATION OFFICE			7.4000
Operator			OCT 2 5 1968
Rl Paso Natural Ga	s Company		
Address	n New Marrian - 871101		OIL CON. COM.
Reason(s) for filing (Check proper be	n, New Mexico - 87401	Other (Please explain)	DIST 3
New Well	Change in Transporter of:	,	
Recompletion	Oil Dry Ga	s 🔲	
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
and address of previous owner			
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Le	ase Lease No.
Lease Name			
Canyon Largo Unit Co	m 142 Undesignated	CIMCI & Blate, 1 Sa	
Location	Nowth	e and 1150 Feet Fro	The <b>East</b>
Unit Letter A; 80	Feet From The North	e andFeet From	n The
Line of Section 23	ownship <b>25N</b> Range	6W , NMPM, Rio A	rriba County
Line of Section 23	ownship to the transport		
III DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	.s	
Name of Authorized Transporter of C	or Condensate 🟝	Address (Give address to which app	roved copy of this form is to be sent)
El Paso Hatural Gas		Box 990, Farmington,	New Wextco - 0140T
Name of Authorized Transporter of C		Address (Give address to which app	roved copy of this form is to be sent)
El Paso Natural Gas		Box 990, Farmington,	
If well produces oil or liquids,	Unit Sec. Twp. Rge.  A 23 25N 6W	Is gas actually connected?	When
give location of tanks.		<u> </u>	
If this production is commingled	with 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 Resty. Diff. Resty.
Designate Type of Comple		X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-8-68	10-17-68	3525	3515
Elevations (DF, RKB, RT, GR, etc.		Top Gas Pay	Tubing Depth
6518 <b>' Œ</b>	Checra	3372'	Tubingless Completion
Desferations	1		Depth Casing Shoe
3372-78', 3396-3400	', 3439-43', 3472-78'		
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	126°	95 8ks.
12 1/4"	8 5/8" 2 7/8"	3525'	220 Sks.
6 3/4"	5 (/0	3)2)	ZEO MAIS
	TOP AT YOUR ARY E. (True True has	the recovery of total volume of load	oil and must be equal to or exceed top allow
V. TEST DATA AND REQUEST OIL WELL	able for this de	epth 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
			- NOP
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	· ·		
1714 Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
Calculated A.O.F.		914	3/4"
	NCE	<del></del>	VATION COMMISSION
VI. CERTIFICATE OF COMPLIA	INCE		00T 25 1968
and the second of the second o	nd regulations of the Oil Conservation	APPROVED	Tracer C Brook
Oii base been complie	d with and that the information given	m i ()IIdiidi bigiide - 1 - 1	
above is true and complete to	the best of my knowledge and belief.		SUPERVISOR DIST. #3
		TITLE	BUILLY IDOL DIG. 11
Origin	al signed by	II.	in compliance with RULE 1104,
Origin Carl F	E. Matthews	TE AND A REQUEST FOR S	lowable for a newly drilled or deepene
	ignature)	well, this form must be according tests taken on the well in according to the second s	possise by a tabulation of the daylers
Petroleum Engineer		tests taken on the well in ac	must be filled out completely for allow
	(Title)	All sections of this form must be filled out completely for allow able on new and recompleted wells.	
October 24, 1968		Ent out only Sections 1	IT III and VI for changes of owner
(Date)		well name or number, or transporter, or other such change of condition	

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.