REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

El Paso Natural Gas Company

P. O. Box 990, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

Ran siphon string to 3820'.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Canyon Largo Unit	150	Otero Chacra	State, Federal or Fee Federal	SF 078885

Unit Letter D 800 Feet From The N 800 Feet From The West

Line Section 5 Township 25N Range 6W NMPM Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter	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 87401	EL PASO NATURAL GAS COMPANY P. O. BOX 990 FARMINGTON, NEW MEXICO 87401

If well produces oil or liquids, give location of tanks.

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

IV. COMPLETION DATA

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.

Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay

Perforations | Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Casing same			
	1.660	3820'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.)

Length of Test | Tubing Pressure | Casing Pressure

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

Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

H. E. McAnally

(Signature)

Production Engineer

(Title)

OIL CONSERVATION COMMISSION

This form is to be filed in compliance with Rule 1104.

If this is a request for allowable for a newly drilled or deepened well, it must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.