			1
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DISTRIBUTION		CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
FILE /		AND	A C
U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL O	5A5
TRANSPORTER GAS /			CPEILE
OPERATOR 2	2		
PRORATION OFFICE			/ ILDE: 1 == 1
Operator El Paso Natural	Gas Company		NOV 1 9 1969
Address			OIL CON. COM.
Box 990, Farming Reason(s) for filing (Check prop		Other (Please explain)	DIST. 3
New Well	Oil Dry	Gas	
Recompletion Change in Ownership		densate	
If change of ownership give n and address of previous owne			
DESCRIPTION OF WELL	AND LEASE	Formation Kind of Leas	ie Lease No.
Lease Name Canyon Largo Uni	Well No. Pool Name, Including	State Fader	·
Location			The West
Unit Letter;			
Line of Section 11	Township 25N Range	6W , NMPM, Rio A	PPT COUNTY
DESIGNATION OF TRAN	SPORTER OF OIL AND NATURAL (GAS Address (Give address to which appro	oved copy of this form is to be sent)
El Paso Natural			
Name of Authorized Transporte	r of Casinghead Gas or Dry Gas X	Box 990, Farmington Address (Give address to which appro	oved copy of this form is to be sent)
El Paso Natural		Box 990, Farmington	New Mexico - 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	15 gas actually comments	hen
If this production is comming. COMPLETION DATA	gled with that from any other lease or poo		Plug Back Same Res'v. Diff. Res
Designate Type of Co	mpletion — (X)	New Well Workover Deepen	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-14-69	11-3-69	3895'	3885 Tubing Depth
Elevations (DF, RKB, RT, GR	, etc., Name of Producing Formation	Top XX/Gas Pay	Tubingless Completion
6773' GL	Chacra	3130	Depth Casing Shoe
Perforations 3738-50', 3834-4			3895'
	TUBING, CASING,	AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	126 /38'	85 Sks. 280 Sks.
6 3/4"	2 7/8"	3895 '	200 Sk8.
	TOT TOP ALLOWARD F. (Total Total	be after recovery of total volume of load o	il and must be equal to or exceed top al
7. TEST DATA AND REQU	able for thi	s depth or be for full 24 hours)	
Date First New Oil Run To T	anks Date of Test	Producing Method (Flow, pump, gas	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
CAS MET I			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1083 ACF/D	3 Hours		
Testing Method (pitot, back)		Casing Pressure (Shut-in)	Choke Size
Calculated A.O.	F.	928	3/4"
I. CERTIFICATE OF COMPLIANCE			VATION COMMISSION NOV 1 9 1969
	les and regulations of the Oil Conservat mplied with and that the information gi		y Emery C. Arnold
above is true and comple	te to the best of my knowledge and bel	TITLE	SUPERVISOR DIST

Original Signed By:

L. O. Van Ryan (Signature)

(Title)

(Date)

Petroleum Engineer

November D, 1969

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, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

or exceed top allow-

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

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. Separate Forms C-104 must be filed for each pool in multiply