

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
El Paso Natural Gas Company

Address
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 144	Pool Name, including Formation Devils Fork Gallup Ext.	Kind of Lease State, Federal or Fee	Lease No. SF 07888
Location				
Unit Letter <u>D</u> : <u>850</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>17</u> Township <u>25N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

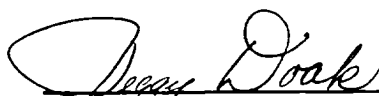
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Conoco Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1429, Bloomfield, NM 87413</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit : <u>D</u> Sec. : <u>17</u> Twp. : <u>25N</u> Rge. : <u>6W</u>
Is gas actually connected?	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)

Drilling Clerk
(Title)

January 7, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 07 1985 19
Original Signed by FRANK T. CHAVEZ
BY
TITLE SUPERVISOR DISTRICT # 3

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

If this is a request for allowable for a newly drilled or deeper well, this form 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 completely for all wells 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 multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
10-21-69	12-12-84		7640'			6805'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6858' GL	Gallup		6233'			6698'			
Perforations 6689-6706', 6600-22', 6555-92', 6524-49', 6494-6514'						Depth Casing Shoe			
6453-71', 6417-4', 6394-6406' 16 spz; 6334-53', 6300-25', 6269-93',						7640'			
6250-63', 6229-33' w/12 spz									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"		9 5/8"		211'					
7 7/8"		4 1/2"		7460'		165 sks			
		2 3/8"		6698'		705 sks			

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-25-84	12-12-84	flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
72 hr. SI	1005	1125	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
24 hr flow	35.5 BO	-0-	695 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size