

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes C-104-1 and C-104-2
Effective 1-1-65

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|------------------------|----------------|
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| LAND OFFICE | |
| TRANSPORTER | OIL 1 GAS 1 |
| OPERATOR | 3 |
| PRORATION OFFICE | |

I. Operator
El Paso Natural Gas Company
Address
Box 900, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ 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. 155 Pool Name, Including Formation Otero Chacra Kind of Lease State, Federal or Fee Lease No. SF 073305
Location
Unit Letter B 900 Feet From The North Line and 1800 Feet From The East
Line of Section 11 Township 25-N Range 6-W NMDM Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) Box 900, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) Box 900, Farmington, New Mexico
If well produces oil or liquids, give location of tanks. Unit B Sec. 11 Twp. 25N Rge. 6W Is gas actually connected? When

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 Resist. Diff. Resist.
Date Spudded 9-25-69 Date Comp. Ready to Prod. 12-9-69 Total Depth 3899 P.B.T.D. 3899
Elevations (DF, RAB, RT, GR, etc.,) 6764' GL Name of Producing Formation Chacra Top Gas Pay 3723' Tubing Depth Tubingless Completion
Perforations 3723-38, 3823-38 Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 144' 65 Sks
6 3/4" 2 7/8" 3899 270 Sks

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D 117 MCF/D Length of Test 3 hrs Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Calculated A.O.F. Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 837 Choke Size 3/4"

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.
F H Wood (Signature)
Petroleum Engineer (Title)
December 18, 1969 (Date)
OIL CONSERVATION COMMISSION
JAN 7 - 1970
APPROVED Original Signed by Emery C. Arnold
BY SUPERVISOR DIST. #8
TITLE
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.
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 completed wells.