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SANTA FE		1		
FILE			·/-	
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL		· •	
	GAS	L		
OPERATOR		12		
PRORATION OFFICE				

İ	SANTA FE /			Form C-1d4 Supersedes Old C-104 and C-110		
1	FILE /	KEQUEST 1	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
i	LAND OFFICE	_				
	IRANSPORTER   OIL   / GAS   /					
	OPERATOR 2					
1.	PRORATION OFFICE					
	El Paso Natural Gas Company					
	Box 390, Farmington, New Mexico 87401					
	Reason(s) for filing (Check proper b		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Cil Dry Gas				
	Change in Ownership	Castnghead Gas Conden	sate			
	If change of ownership give name and address of previous owner					
и.	DESCRIPTION OF WELL AND	D LEASE				
	Lease Name Canyon Largo Unit	Weil No. Pool Name, Including Fo		OTT OFFICE		
	Location					
	Unit Letter;	60 Feet From The North Line	e and $300$ Feet From	The East		
	Line of Section 6	Township 25N Range 6	W , NMPM,	Rio Arriba County		
111	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S			
***	Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which appro			
	El Paso Natural Gas	S Company Casinghead Gas or Dry Gas X	Box 900, Farmington, Address (Give address to which appro			
	El Paso Natural Gar		Box 990, Farmington, I			
		Unit Sec. Twp. Ege.		hen		
	If well produces oil or liquids, give location of tanks.	A 6 25N 6W				
IV.	If this production is commingled.  COMPLETION DATA	this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Comple	tion $=$ (X) Gas Well $X$	New Well Workover Deepen $f X$	Plug Back   Same Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	4-17-70	7-15-70	3565'	3547'		
	Elevations (DF, RKB, RT, GR, etc. 6476' GL	Name of Freducing Formation  Chacra	Top 9h/Gas Pay 33 90'	Tubing Depth Tubingless Completion		
	Perforations			Depth Casing Shoe		
	3390-3410', 3492-3502'					
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	136'	35 Sks.		
	5 3/4"	2 7/8"	3565'	278 Sks.		
V.	TEST DATA AND REQUEST			l and must be equal to or exceed top allow-		
•	OIL WELL Date First New Oil Run To Tanks	able for this de	producing Method (Flow, pump, gas	lift, etc.)		
	Date First New Oil Man 10 Junks	5418 01 1951	, , , , , , , , , , , , , , , , , , , ,			
	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 52	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/4"		
	Calculated A.O.F.		<del> </del>	ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIA	ANCE				
	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.		APPROVED AUG 3   197	O Arnolo		
			By Original Signed by Emery C. Arnola			
			18	TITLE SUPERVISOR DIST. #5		
	On, nat Signed F. H. WOCD		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
		Petroleum Engineer		All sections of this form must be filled out completely for allow-		
	August 26, 1970  (Date)		able 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			
			Separate Forms C-104 mi completed wells.	ust be filed for each pool in multiply		