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DISTRIBUTION		l		
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FILE		1	4	
U.S.G.S.		<u> </u>		
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	<u> </u>	<u> </u>	
OPERATOR		/		
PHORATION OFFICE			_	

	DISTRIBUTION  SANTA FL  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR  J	REQUEST FO	ISERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
1.	PHORATION OFFICE					
	El Pago Natural Gas Com	ipany				
El Paso Natural Gas Company						
	PO Box 990, Farmington,	NM 87401	Other (Please explain)			
	Reason(s) for tiling (Check proper box) New Well	Change in Transporter of:				
	Recompletion	OII Dry Gas				
	Change in Ownership	Casinghead Gas Condenso	ate			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND L	EASE. Well No. Pool Name, Including For	mation Kind of Lease	Lease No.		
	Canyon Largo Unit	178 So. Blanco Pic	tured Cliffs State Federal of	)Fee SF 078884		
	Location	No. of h	and 1650 Feet From The	West		
	Unit Letter C; 990	Teet From The North Line				
	Line of Section 14 Town	nship 25N Range	6W , NMPM, KI	o Arriba County		
		ED OF OUL AND NATURAL GAS				
III.	DESIGNATION OF TRANSPORT	or Condensate X		• 1		
	El Dece Notirel Gas Cor	mpany	Address (Give address to which approved	farmington, NM f copy of this form is to be sent)		
	Name of Authorized Transporter of Cast El Paso Natural Gas Cor	inpany	PO Box 990, F	Farmington, NM		
		Unit Sec. Twp. P.ge.	Is gas actually connected? When			
	give location of tanks.	C   14   25N 6W	ive commingling order number:			
•••	If this production is commingled with		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
17	Designate Type of Completion	. Oli Well	New Well Workover Deepen			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	8-28-72	9-18-72	2759' Top <b>%</b> !!/Gas Pay	2748' Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation  Pictured Cliffs	2688'	tubingless		
	6650'GL Perforations	Picrured Chiris	Depth Casing Shoe  2759'			
	2688-2704'	THE CASING AND CEMENTING RECORD				
	5.575	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 178 cu. ft.		
	13 3/4"	9 5/8"	136'	406 cu. ft.		
	8 3/4" & 6 3/4"	2 7/8" tubingless	2759'			
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)						
•	OII. WELL    Date First New Oil Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)					
	Date First New On Name 1		Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	County 1	00749-69/		
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-MCF UUT LO CT		
	Morraci i i von			OIL COM. COM		
				DIST. 3		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	623	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (puot, back pr.) Calc. AOF	tubingless	851	3/4"		
v	I. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION			
•			ABBROVED	APPROVED		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given the best of my knowledge and belief.		By Original Signed by Emery C. Arnold			
Commission have been complied with and that the information grows above is true and complete to the best of my knowledge and belief.			SUPERVISOR DIST. #3			
			to be filed in compliance with RULE 1104.			
	1 H h	If this is a request for allowable for a newly drilled or the de-				
	well, this form must be accompanied with RULE 111.  (Signature)  well, this form must be accompanied with RULE 111.			dence with MULE 111.		
	Petroleum Engineer		All sections of this form must be filled out completely			
	October 11, 1972	October 11, 1972  (Title)  Sable on new and recompletes  Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditions.				
(liuse)			well name or number, or transport			