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| DISTRIBUTION | | | | |
| SANTA FE | | / | | |
| FILE | | | | |
| U.S.G.S. | | <u> </u> | | |
| LAND OFFICE | | | | |
| TRANSPORTER | OIL |] / | | |
| | GAS | 1/_ | | |
| OPERATOR | | 1 | | |
| SECRATION OFFICE | | i | 1 | |

| - | DISTRIBUTION SANTA FE FILE | | NSERVATION COMMI OR ALLOWABLE AND | SSION | Form C-104 \ Supersedes Old C-104 and C-110 Effective 1-1-65 | |
|--|--|--|---|-------------------------|--|--|
| | U.S.G.S. | AUTHORIZATION TO TRAN | | ATURAL GAS | | |
| | TRANSPORTER OIL / | | | | | |
| | OPERATOR / PRORATION OFFICE | | | | | |
| 1. | Operator | s Company | | | | |
| } | El Paso Natural Gas Company PO Box 990, Farmington, NM 87401 | | | | | |
| | PO Box 990, Farm! Reason(s) for filing (Check proper box) | ngton, NW 87401 | Other (Please | explain, | | |
| | New Well | Change in Transporter of: Oil Dry Gas | | | | |
| | Recompletion Change in Ownership | Oil Dry Gas Casinghead Gas Condens | — I | | | |
| | If change of ownership give name and address of previous owner | | | | | |
| 11. | DESCRIPTION OF WELL AND L | EASE. Well No. Pool Name, Including For | rmation | Kind of Lease | Lease No. | |
| | Canyon Largo Unit | | | State (Federal) or Fe | •• SF 078877 | |
| | Location Unit Letter E : 1560 | Feet From TheNorthLine | and1140 | Feet From The | West | |
| | | nship 24N Range | 6W , NMPN | • | Rio Arriba County | |
| | DESIGNATION OF TRANSPORT | | S | | | |
| ###. | Name of Authorized Transporter of Oil | or Condensate X | PO Box 990 1 | Farminoton, N | opy of this form is to be sent) VM 87401 | |
| | Name of Authorized Transporter of Cast | El Paso Natural Gas Company PO Box 990, Farmingto Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which appro- | | to which approved co | opy of this form is to be sent) | |
| | El Paso Natural Ga | s Company | PO Box 990, Is gas actually connec | Farmington, N | M. 87401 | |
| | If well produces oil or liquids, give location of tanks. | E 8 24N 6W | | | | |
| IV. | If this production is commingled with COMPLETION DATA | h that from any other lease or pool, (| give commingling orde | Deepen Plu | ng Back Same Resty. Diff. Resty. | |
| | Designate Type of Completio | n = (X) | X | | B.T.D. | |
| | Date Spudded 9-5-73 | Date Compl. Ready to Prod. 12-6-73 | Total Depth 2501' | | 2490' | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Out/Gas Pay | 1 | bing Depth | |
| | 6746'GL | Pictured Cliffs | 2368' | De | tubingless pth Casing Shoe | |
| 2368-78', 2390-2410', | | 10', and 2430-40' TUBING, CASING, AND | D CEMENTING RECO | | 2501' | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH ! | | SACKS CEMENT | |
| | 12 1/4" | 8 5/8" | 129' 2501' | | 106 cu. ft. 235 cu. ft. | |
| | 7 7/8" & 6 3/4" | 2 7/8" tubingless | 2301 | | | |
| | | OD AT LOWART E (Tark must be a | ifter recovery of total vo | lume of load oil and | must be equal to or exceed top allow- | |
| V | able for this depth or be for full 24 hours) | | | | | |
| | Date First New Oil Run To Tanks | Date of Test | , | | Toward St. | |
| | Length of Test | Tubing Pressure | Casing Pressure | 0. | | |
| | Actual Prod. During Test | Oil-Bbis. | Water-Bbls. | | Ges-MOFT () (A) () 1.00 | |
| | | | | | DIST. 3 | |
| | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MN | ICF G | ravity of Sendensate | |
| | 795 | 3 hrs. | Casing Pressure (Sh | nt-in) C | hoke Size | |
| | Testing Method (pitot, back pr.) Calc. AOF | Tubing Pressure (shut-in) tubingless | 588 | | 3/4'' | |
| V | CERTIFICATE OF COMPLIANCE | | OIL | . CONSERVATI DEC 8 0 | ON COMMISSION 1973 | |
| 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. | | | • | DEC 8 0 1973 . 19 | | |
| | | | BYUrigin | | | |
| | | TITLE | | nilance with RULE 1104. | | |
| | A. F. Base | 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 with a form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation. | | | | |
| | | well, this form m | ust be accompanie | nce with RULE 111. | | |
| Drilling Clerk (Title) | | | All sections | of this form must | be filled out completely for allow | |
| | December 14, 19 | | 1) | | III, and VI for changes of owner or other such change of condition | |

(Date)

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-1.04 must be filed for each pool in multiply completed wells.