

# EL PASO NATURAL GAS COMPANY

## DEVIATION REPORT

Name Of Company El Paso Natural Gas Company				Address PO Box 990, Farmington, NM			
Lease Canyon Largo Unit	Well No. 214	Unit Letter O	Section 8	Township 24N	Range 6W		
Pool Ballard Pictured Cliffs				County Rio Arriba			

DEPTH

1218'

1776'

2169'

DEVIATION

1/2°

1°

1/2°



I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated therein are true to the best of my knowledge and belief.

*[Signature]*

Subscribed and sworn to before me this 1st day of November, 1973.

*[Signature]*

Notary Public in and for San Juan County, New Mexico

My commission expires October 5, 1976.

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	GAS	1
OPERATOR		1
PRORATION OFFICE		

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
El Paso Natural Gas Company

Address  
PO Box 990, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 214	Pool Name, including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee	SF	Lease No. 078877
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Location  
Unit Letter O ; 1160 Feet From The South Line and 1760 Feet From The East  
Line of Section 8 Township 24N Range 6W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	PO Box 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	PO Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit O Sec. 8 Twp. 24N 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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-8-73	Date Compl. Ready to Prod. 10-23-73	Total Depth 2169'	P.B.T.D. 2159'					
Elevations (DF, RKB, RT, CR, etc.) 6488'GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2070'	Tubing Depth tubingless					
Perforations 2070-94', 2106-22' and 2132-40'			Depth Casing Shoe 2169					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	128'	107 cu. ft.
7 7/8" & 6 3/4"	2 7/8"	2169'	224 cu. ft.
	tubingless		

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D 748	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (shut-in) tubingless	Casing Pressure (shut-in) 419	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.

U. G. Lewis  
(Signature)  
Drilling Clerk  
(Title)  
November 1, 1973  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED NOV 1 1973, 19\_\_\_\_  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR, DIST. #3

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.