<del></del>			
NO. OF COMIES RECEIVED		15	
DISTRIBUTION			
SANTA FE		Ī	
FILE		1	7
U.S.G.\$.		1	
LAND OFFICE		1	
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		,	
PRORATION OFFICE		1	

Form C-104 Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS El Paso Natural Gas Company Address P. O. Box 990, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) New We'll Change in Transporter of: Recompletion OH Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE eli No. Pool Name, Including Formation Kind of Lease Leuse No. Canyon Largo Unit 252 Basin Dakota State, (Federal) or Fee \$F078885 Location 1150 Feet From The N 800 Unit Letter \_\_Line and \_ Feet From The Line of Section 3 Township 25N Range 6W , NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate X Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P. O. Box 990, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) r. U. Box 990, Farmington, NM Is gas actually connected? El Paso Natural Gas Company P.ge. Unit Twp. If well produces oil or liquids, give location of tanks. 25N If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Cil Well Gas Well New Well Workever Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion - (X) X Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. 02-14-74 evations (DF, RKB, RT, GR, etc., 09 - 05 - 7474691 Name of Producing Formation Top Gyi/Gas Pay Tubing Depth 6720' GL Dakota 7175 7350 Depth Casing Shoe Perforations 5', 7336', 7346'
TUBING, CASING, AND CEMENTING RECORD 7175! 7264' 7301' 7315' 74691 CASING & TUBING SIZE 5/8" HOLE SIZE DEPTH SET SACKS CEMENT 3/4" 234 224 cu. ft. 8 3/4" 4 1/2" 7469' 1898 cu. ft. 1/2" 7350' <u>Tubing</u> 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 allow able for this depth or be for full 24 hours) OIL WELL 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 - Bble. GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 3666 3 hours Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size <u>Calc. A.O.F.</u> 2387 2452 3/4" VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION SE APPROVED\_ I hereby certify that the rules and regulations of the Oil Conservation Commission have seen complied with and that the information given above is true and complete to the best of my knowledge and belief. Origin. 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. (Signature) Drilling Clerk All sections of this form must be filled out completely for allowable on new and recompleted wells. September 9, 1974 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. Pate) to To my Catha man be filed for each most in multiply