

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE OIL CON. DIV.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 20 1985

DIST. 3

I.

Operator El Paso Natural Gas Company	
Address P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 356	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State (Federal) or Fee	Lease SF 078882
Location Unit Letter <u>P</u> : <u>910</u> Feet From The <u>South</u> Line and <u>860</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>25N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> Cou				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 20
	Twp. 25N	Rge. 6W
	Is gas actually connected? <u>No</u> When	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED

DEC 20 1985

BY

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 multi-completed wells.

Peggy L. Doak

(Signature)

Drilling Clerk

(Title)

12-19-85

(Date)

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well X	Gas well	New well X	Workover	Deepen	Plug Back	Same Res'y., DILL R
Date Spudded 10-1-85	Date Compl. Ready to Prod. 12-12-85	Total Depth 6146'			P.B.T.D. 6135'			
Elevations (DF, RKB, RT, GR, etc.) 6389' GL	Name of Producing Formation Devils Fork Gallup	Top Oil/Gas Pay 5716'			Tubing Depth 6081'			
Perforations 5716, 5754, 5813, 5816, 5818, 5834, 5837, 5862, 5867, 5881, 5884,						Depth Casing Shoe 6146'		
* Continued Perf's Listed Below TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12 1/4"		8 5/8"		218'		207 cu ft		
7 7/8"		4 1/2"		6146'		1258 cu ft		
		2 3/8"		6081'				

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)

Date First New Oil Run To Tanks 11-18-85	Date of Test 12-12-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3 Hrs.	Tubing Pressure SI 822 PSI	Casing Pressure SI 822 PSI	Choke Size Various
Actual Prod. During Test 25 MCF EST.	Oil - Bbls. 4	Water - Bbls. 1	Gas - MCF 25 MCF EST.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pucl, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

* Continued Perf's:

5886, 5904, 5907, 5910, 5922, 5925, 5927, 5945, 5948, 5951, 5990, 6034, 6072 w/1 SPZ.