

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO: DISTRICT OFFICE	
DISTRIBUTION	
LAND OFFICE	
FILE	
DEPT.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, New Mexico

Reason(s) for filing (check proper box)

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"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 191	Pool Name, including Formation Ballard Pic. Cliffs	Kind of Lease State, Federal or Fee	Lease No. 078879
Location				
Unit Letter <u>M</u> : <u>1050</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>25-N</u> Range <u>7-W</u> , NMPM, <u>Rio Arriba</u> County				

2. 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	P.O. Box 289, 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	P.O. Box 289, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>23</u>
	Twp. <u>25-N</u>	Rge. <u>7-W</u>
	Is gas actually connected? When	

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>5-22-81</u>	Date Compl. Ready to Prod. <u>7-2-81</u>		Total Depth <u>2681'</u>			P.B.T.D. <u>2671'</u>		
Elevations (DF, RKB, RT, GR, etc.) <u>6797' GL</u>	Name of Producing Formation <u>Pic. Cliffs</u>		Top of Gas Pay <u>2556'</u>			Tubing Depth <u>tubingless</u>		
2556, 2560, 2564, 2568, 2594, 2599, 2604, 2609, 2614' W/1 SPZ.						Depth Casing Shoe <u>2681'</u>		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>133'</u>			<u>106 cf.</u>		
<u>7 7/8" & 6 3/4"</u>	<u>2 7/8"</u>		<u>2681'</u>			<u>508 cf.</u>		

4. 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 <u>512</u>	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)
		<u>619</u>

5. 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 above is true and complete to the best of my knowledge and belief.

D. G. Grisco
(Signature)

Drilling Clerk

(Title)

July 9, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 18 1981, 19

Original Signed by FRANK T. CHAVEZ

BY _____

TITLE SUPERVISOR DISTRICT # 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