

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 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
MAR 9 1984  
OIL CON. DIV.  
DIST. 3

I.

Operator El Paso Natural Gas Company		
Address Box 4289, Farmington, New Mexico 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<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. 326	Pool Name, Including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee xxx, Federal xxxx	Lease No. SF 078875
Location Unit Letter <u>C</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>25N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> 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 <u>PER</u>	Box 4289, Farmington, New Mexico 87499	
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	Box 4289, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>33</u>
	Twp. <u>25N</u>	Rge. <u>6W</u>
	Is gas actually connected? <u>Yes</u> When <u>2/84</u>	

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.

M. G. Brisco  
(Signature)  
Drilling Clerk  
(Title)  
March 8, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR - 9 1984, 19  
BY Original Signed by FRANK T. CHAVEZ  
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 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 able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own 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.

#### 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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
11-3-83	8-22-83 2-22-84		6410'			6395'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6775 gl	Gallup		5056			6262			
Perforations 5980, 6010, 6022, 6032, 6042, 6061, 6082, 6112, 6113, 6144, 6157, 6167, 6181, 6200, 6225, 6252, 6268, 6286 w/1 SPZ; 5056, 5085, 5093, 5106, 5118, 5131, 5152, 5166						Depth Casing Shoe			
5192, 5608, 5649, 5694, 5708 w/1 SPZ						6410'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		306'		248 cu. ft.			
7 7/8"		4 1/2"		6410'		1162 cu. ft.			
		2 3/8"		6262'					

#### 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-22-84	2-28-84	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
18 hours	425		None
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
62	62	0	169

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
225	18 hrs	2720	51
Testing Method (pilot, back-p.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Prod. to Pipeline	425		None