

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
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 09 1984
OIL CON. DIV.
DIST. 3

I.

Operator <u>El Paso natural Gas Company</u>	
Address <u>Box 4289, Farmington, New Mexico 87499</u>	
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 <u>Canyon Largo Unit</u>	Well No. <u>325</u>	Pool Name, including Formation <u>Devils Fork Gallup</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>078875</u>
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</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)					
<u>El Paso Natural Gas company</u>	<u>Box 4289, Farmington, New Mexico 87499</u>					
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)					
<u>El Paso Natural Gas Company</u>	<u>Box 4289, Farmington, New Mexico 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>G</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.

D. G. Duisco
(Signature)
Drilling Clerk
(Title)
March 9, 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 deepened well, this form must be accompanied by a tabulation of the deviated 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple 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.			
11-16-83	8-1-84 2-22-84		6000			5977'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6400 GL	Gallup		4679			5865'			
Perforations 4679, 4704, 4717, 4728, 4736, 4746, 4774, 4790, 5315, 5325, 5389, 5538, 5573, 5626, 5637, 5650, 5655, 5690, 5719, 5743, 5754, 5768, 5778, 5788, 5808, 5827, 5838, 5857, 5872, 5886' w/1 SPZ						Depth Casing Shoe			
						6000'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		210'		236 cu. ft.			
7 7/8"		4 1/2"		5989'		1156 cu. ft.			
		2 3/8"		5865'					

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
7 Hrs.	330		None
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
60	60	0	217

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
217	7 Hrs.	3590	53
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Production to Pipeline	330		None