NO. OF COPIES REC	5			
DISTRIBUT		L		
SANTA FE FILE U.S.G.S. LAND OFFICE		1		
		11		
TRANSPORTER	OIL	$\perp L$		
	GAS	$\perp \perp$		
OPERATOR		1	L	
PRORATION OFFICE			<u></u>	
Operator				

	DISTRIBUTION SANTA FE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
- -	U.S.G.S. LAND OFFICE		NSPORT OIL AND NATURAL GAS			
	TRANSPORTER OIL / GAS /					
1.	OPERATOR / PRORATION OFFICE Operator					
W. M. GALLAWAY						
	Address 101-2 Petroleum Plaza Building, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of: OIL Dry Gas				
	Recompletion Change in Ownership	Oll Dry Gas Casinghead Gas Condens	= 1			
;	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND L	EASE Well No Pool Name, Including Fo	ormation: Kind of Lease	Lease No.		
	Lease Name Myers	Well No. The Name, Including For Arriba U.S. 1 Mesa Ve		Fee Fee		
	Location Unit Letter D ; 1117	Feet From The North Line	e and 790 Feet From The	. West		
	<u></u>		West , NMPM, Rio Ar	riba County		
II.	DESIGNATION OF TRANSPORT	or Condensate	Waresp (otto manistra			
	The Permian Corpor	ation	P. O. Box 1183, Hous	ton, TX 77001 I copy of this form is to be sent)		
	Name of Authorized Transporter of Cash El Paso Natural Ga		P. O. Box 1492, El P			
	If well produces oil or liquids, give location of tanks.	D 35 25N 3W	<u> </u>	soon as possible		
	If this production is commingled with	that from any other lease or pool,				
1V.	Designate Type of Completion		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	5-24-78	7-24-78 Name of Producing Formation	6006 Top Oil/Gas Pay	5963 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.) 7156 GR	Mesa Verde	5746'	5832 •		
	Perforations	5746' - 5838' - 37 Holes 5994.91'		·		
		TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	HOLE SIZE	8 5/8"	214'	150 sacks		
	7 7/8"	4 1/2"	5994.91'	300 sacks		
V	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil a lepth or be for full 24 hours)	nd must be equal to or exceed top allow-		
	OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	Tubing From the	Water - Bbls.	Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Wdter-DDis.			
				x : : : : : : : : : : : : : : : : : : :		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 1402	Choke Size		
v	I. CERTIFICATE OF COMPLIAN	ERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION		TION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. APPROVED Original Signed by A			APPROVED	Original Signed by A. R. Kandrick		
	- /m . 1	TITLE				
M M Sallaury (Signature)			l	table for a newly drilled or deepene		
			well, this form must be accompa	dance with RULE 111.		
Operator		All sections of this form mu	st be filled out completely for allow			

(Title)

August 28, 1978

All sections of this form must be able 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 completed wells.