

DISTRICT NO. 5  
 COUNTY NO. 1  
 FIELD NO. 1  
 LEASE NO. 1  
 TRANSPORTER 1  
 OPERATOR 1  
 PRODUCTION OFFICE 1

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-104  
 (Revised 10-6-66 and 6-1-67)  
 OIL FIELD NO. \_\_\_\_\_

AUTHORIZATION TO PRODUCE OIL AND GAS

**EL PASO PRODUCTS COMPANY**

Post Office Box 1560, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

New Well  Change in Transporter of: Oil  Dry Gas  Condensate   
 Recompletion  Change in Name from Gallegos Gallup Unit # 65 to Western No. 1  
 Change in Ownership

Other (Date of filing) Effective Date 11-1-67

If change of ownership give name and address of previous owner: Gallegos Gallup Sand Unit, Skelly Oil Company Operator, Farmington, N. M. 87401

27 LIONHEAD ROWER ST.

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Western** Well No.: **1** Pool Name, including Formation: **Gallegos Gallup Pool** Kind of Lease: **Federal SF-678897**  
 Location: **N 660** Feet From The **South** Line and **1980** Feet From The **West** Line of Section **7** Township **26 North** Range **11 West** NMPM, **San Juan** County

III. IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
**The Permian Corporation** Address (Give address to which approval should be sent): **Post Office Box 3119, Midland, Texas 79701**  
 Name of Authorized Transporter of Gas  or Dry Gas   
**El Paso Natural Gas Company** Address (Give address to which approval should be sent): **Post Office Box 990, Farmington, N. M. 87401**  
 If well produces oil or liquids, give location of tanks: Unit **7** Sec. **7** Twp. **26N** Rgn. **11W** Is gas actually connected? **Yes** When **1-15-60**

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

IV. COMPLETION DATA

Designate Type of Completion - (X)  New Well  Workover  Deepen

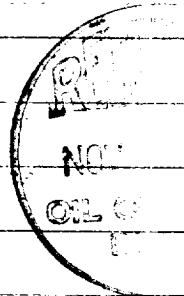
| DATE SPUNDED | DATE COMPI. READY TO PROD. | TOTAL DEPTH | PERFORATIONS |
|--------------|----------------------------|-------------|--------------|
|              |                            |             |              |

ELEVATIONS (DT, RNS, RT, CR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_

| HOLESIDE | CASING & TUBING SIZE | DEPTH SET |
|----------|----------------------|-----------|
|          |                      |           |

V. TEST DATA AND REQUIRED POW. ALLOWABLE

Date First New Oil Run To Tanks \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, etc.) \_\_\_\_\_  
 Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Gas Pressure \_\_\_\_\_  
 Water Prod. During Test \_\_\_\_\_ Oil-Base \_\_\_\_\_ Water-Base \_\_\_\_\_  
 Tubing Pressure (100 psi) \_\_\_\_\_ Tubing Pressure (1000 psi) \_\_\_\_\_ Gas Pressure (1000 psi) \_\_\_\_\_



VI. AFFIDAVIT OF COMPLIANCE

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.

*Emery C. Arnold*

November 6, 1967

(Date)

OIL CONSERVATION COMMISSION

NOV 9 1967

APPROVED \_\_\_\_\_

BY Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

File out only Sections I, II, III, and VI for each well of owner. Well name or number, or transporter or other such change of condition. Separate Forms O-104 must be filed for each pool in multiple completed wells.