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FILE 1

U.S.G.S.

LAND OFFICE

TRANSPORTER OIL 1

GAS 1

OPERATOR 1

PRORATION OFFICE

Operator

ILLEGIBLE

EL PASO PRODUCTS COMPANY

Address

Post Office Box 1589, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well — Change in Transporter of: — Change in Name (Only) — Other

Recompletion — Oil — Dry Gas

Change in Ownership — Casinghead Gas — Condensate — Effective Date: 5-1-67

If change of ownership give name and address of previous owner: Callegos Gallup Sand Unit — Shell Oil Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Western 2 — Callegos Gallup Pool — Kind of Lease: SF-078897

Unit Letter P — 660 Feet From The South Line and 660 Feet From The East

Line of Section 7 — Township 26 North — Range 11 West — NMPM — San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND/OR GAS

Name of Authorized Transporter of Oil: Navajo Refining Company — Address: Post Office Box 99, Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas or Dry Gas: El Paso Natural Gas Company — Address: Post Office Box 990, Farmington, New Mexico

If well produces oil or liquids, give location of tanks: Unit J — Sec. 7 — Twp. 26N — Rge. 11W — Is gas actually connected? Yes — When: 1-15-60

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	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.

Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth

Perforations

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)

Length of Test	Tubing Pressure	Casing Pressure	Choke Size

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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)	Choke Size

VI. CERTIFICATE 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.

(Signature)

November 6, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 9 1967, 19

BY Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

TITLE

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.

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.