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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		EL PASO PRODUCTS COMPANY	
Address			
Post Office Box 1560, Farmington, New Mexico 87401			
Reason(s) for filing (Check proper box)		Other (Please specify) Effective Date 11-1-67	
New Well	<input type="checkbox"/>	Change in Transporter of:	Change in Name from _____ to _____
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner		# 62 to Western A No. 3	
Gallegos Gallup Sand Unit, Skelly Oil Company Operator			

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Western A	3	Gallegos Gallup Pool	State, Federal or Private
Date, Federal or Private Permit SE-C73899-1			
Location			
Unit Letter	P	660 Feet From The	South Line and 660 Feet From The East
Line of Section	8	Township	26 North Range 11 West, NMPM, San Juan

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approval is to be sent)		
The Permian Corporation	Post Office Box 3119, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approval is to be sent)		
El Paso Natural Gas Company	Post Office Box 990, Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	G	8	26N
			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)	Oil Well	Gas Well	New Well
			Workover
			Deepen
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
Perforations			

TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

TEST DATA AND REQUEST FOR ALLOWABLE			
(Test must be after recovery of total volume of load oil and condensate able 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Gravimetric
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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Gravimetric

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 NOV 9 1967	
BY Original Signed by Emery C. Arnold		SUPERVISOR DIST. #3	
TITLE		This form is to be filed in the _____	
If this well is to be _____		with the _____	
All _____		able on now and recompleting _____	
Fill out only Sections I, II, III, and IV for _____		well name or number, or transporter of _____	
Separate Forms C-104 must be filed for _____		completed wells.	

Wm R. Speer
(Signature) William R. Speer
Division Manager
(Title)
November 6, 1967
(Date)