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

Form C-104
Replaces Old C-104 and C-115
Effective 1-1-66

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 ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ # 53 to Sullivan E No. 1

Other (Please explain) Effective Date 11-1-67
Change in Name from Gallegos Gallup Unit

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Sullivan E	1	Gallegos Gallup Pool	State, Federal, or Foreign	Federal SF-078944
Location				
Unit Letter	I	1980 Feet From The	South Line and	659 Feet From The
East				
Section	9	Township	26 North	Range
			12 West	N.M.P.M.
			San Juan	County

TRANSPORTATION OF TRANSPORTED OIL AND NATURAL GAS

Name of Authority Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation Post Office Box 3119, Midland, Texas 79701

Name of Authority Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company Post Office Box 990, Farmington, N. M. 87401

If well produces oil or liquids, give location of tanks. Unit I Sec. 9 Twp. 26N Rpt. 12W Is gas actually connected? Yes When 10-6-58

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Revent	Diff. Revent
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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.)	
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
Producing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

OIL CONSERVATION COMMISSION

NOV 9 1967

APPROVED
BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with Rule 1104.

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.