	NO. OF COPIES RECEIVED		5				
	DISTRIBUTION						
	SANTA FE		1				
	FILE		7	-			
	U.S.G.S.						
	LAND OFFICE						
	TRANSPORTER	OIL	1				
		GAS					
	OPERATOR						
1.	PRORATION OFFICE						
	Operator						
		- t					
	Address						
	<u> </u>						
	Reason(s) for filing (Check proper box)						
	New Well	닏					
	Recompletion	H			1		
	Change in Ownership	<u> </u>					
	If change of owners and address of prev	hip give ious ow	naπ ner_	ie .			
I.	DESCRIPTION O	F WEL	L A	ND L	EAS		
	Lease Name				ļ		
	Gallegoe Galley Serel Ut.						
	Location						
	Unit Letter		; 1	980			
	Line of Section	8		Town	ship		

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Other (Please explain) Change in Transporter of: AN SOUTHER MARTS AND AND A Dry Gas Casinghead Gas Condensate Well No. Pool Name, Including Formation Lease No. State, Federal or Fee 60 Feet From The **South** Line and **660** Feet From The West 26N Range 11W , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate The Problem Cooperation

Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas El Paso Patural Gas Corgrany Is gas actually connected? When Sec. Unit If well produces oil or liquids, give location of tanks. 26N 8 110 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Oil Well Gas Well Workover Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test MAR DIL CON. COM. Length of Test Tubing Pressure Casing Pressure Choke S Actual Prod. During Test Ott-Bbls. Water - Bhis. Gga + MCI **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION MAR 6 196**7** APPROVED. Original Signed by Emery C. Arnold SUPERVISOR DIST. #3 TITLE

- - - ·

gare in E

Commission have been	n complied with and	ons of the Oil Conservation that the information given from the the information given from the
A 医数		

(Date)

100 1		
7		

(Signature) (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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, il 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.