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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

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

Form C-104
Rev. 1-1-67

Operator
EL PASO PRODUCTS COMPANY
Address
Post Office Box 1560, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **Effective Date 11-1-67**
Change in Name from Gallegos Gallup Unit
47 to Delhi-Taylor B No. 1
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 **Delhi-Taylor B** Well No. **1** Pool Name, including Formation **Gallegos Gallup Pool** Kind of Lease **Leasehold**
Location
Unit Letter **H** **1980** Feet From The **North** Line and **660** Feet From The **East**
Line of Section **12** Township **26 North** Range **12 West**, NMPM, **San Juan** County

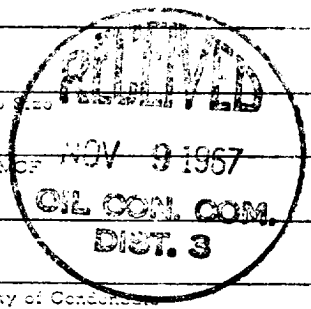
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
Post Office Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
Post Office Box 990, Farmington, N. M. 87401
If well produces oil or liquids, give location of tanks. Unit **A** Sec. **12** Twp. **26N** Rge. **12W** 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: _____

COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Resrv. ☐ Diff. Resrv. ☐
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 _____ Testing Depth _____
Perforations _____ Depth, casing, etc. _____

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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equivalent 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 _____
Testing Method (pitot, 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.
Wm R. Speer

(Title)
November 6, 1967
(Date)

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 N.M.S. 1934.
If this is a request for allowable, it must be accompanied by a copy of the test report.
All sections of this form must be filled out for each well or pool.
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 multiple completed wells.