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	GAS	1		

(Title)

(Date)

March 3, 1967

10

I.	Address	AUTHORIZATION TO TR	Other (Please explain)			
	Recompletion Change in Ownership  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND Lease Name		Well Shut in	farch 1, 1967.		
	Gallegos Gallup Sand Location  Unit Letter  ; 192  Line of Section	Ut. 50 Gallegos Gal O Feet From The North List waship 268 Range	11up State, Fed  ne and 600 Feet Fro  12u , NMPM, San	eral or Fee Federal  om The West  County		
The Permian Corporation  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address  El Paso Natural Gas Company  If well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give conv.  V. COMPLETION DATA  Out well Gas Well New W			P.O. Box 3119 - Milla Address (Give address to which appears to which appears to Box 990 Farming is gas actually connected?	2 commingling order number:		
	Designate Type of Completic  Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  Perforations	Date Compl. Ready to Prod.  Name of Producing Formation	Total Depth  Top Oil/Gas Pay	P.B.T.D.  Tubing Depth  Depth Casing Shoe		
-	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks	able for this de	fter recovery of total volume of load of epth or be for full 24 hours)  Producing Method (Flow, pump, gas	lift, etc.) RLLLVED		
-	Length of Test  Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water - Bbls.	Gas-McDIL CON. COM. DIST. 3		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
I	Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE hereby certify that the rules and recommission have been complied we above is true and complete to the	egulations of the Oil Conservation ith and that the information given	APPROVED MAR 6  BY Original Signed  TITLE SUPERVISOR	by Emery C. Arn'dd		
Bistricy Superintendent			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, 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.