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

ILLEGIBLE

Operator EL PASO PRODUCTS COMPANY	
Address Post Office Box 1560, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) Effective Date 12-1-67 Change in Name from <u>Western A Nat</u> to <u>Western A Nat</u>
Change in Ownership <input checked="" type="checkbox"/>	# 43
In change of ownership give name and address of previous owner <u>Gallegos Gallup Sand Unit, Skelly Oil Company Operator, 12111 N. 1st St., El Paso, Texas 79901</u>	

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Western A</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Gallegos Gallup Pool</u>	Kind of Lease State, Federal or Private <u>Private</u> <u>SP-073899</u>
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>26 North</u> Range <u>11 West</u> , NMPM, <u>San Juan</u> Co., N.M.			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>		Address (Give address to which approval is to be sent) <u>Post Office Box 3119, Midland, Texas 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>		Address (Give address to which approval is to be sent) <u>Post Office Box 990, Farmington, New Mexico 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>8</u>	Twp. <u>26N</u> Rge. <u>11W</u> Is gas actually connected? <u>Yes</u> <u>1-15-60</u>

If this production is commingled with that from any other lease or pool, give commingling order number:						
COMPLETION DATA						
Designate Type of Completion - (X)						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Perforations			
Revisions (DF, RKE, RT, GR, etc.)		Name of Producing Formation	Top Oil/Gas Pay			

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

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be capable of being produced at this depth or be for full 24 hours)			
OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Shut-in
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)	Shut-in

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 <u>NOV 9 1967</u> BY <u>Original Signed by Emery C. Arnold</u> TITLE <u>SUPERVISOR DIST. #3</u>	
<u>William R. Speer</u> (Signature) William R. Speer Division Manager (Title) <u>November 6, 1967</u> (Date)		This form is to be filed in the file of the well, the name of the well, the name of the operator, the name of the transporter, the name of the lease, the name of the pool, the name of the unit, the name of the section, the name of the township, the name of the range, the name of the county, the name of the state, the name of the nation, the name of the world, the name of the universe, the name of the everything.	