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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
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Operator	

NEW MEXICO OIL CONSERVATION COMMISSION
REGISTRATION ALLOWABLE
AND

Form No. 1
Revised 1-66 and 2-67
Oil Conservation Commission

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

EL PASO PRODUCTS COMPANY

Address

Post Office Box 1560, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☐
Redemption ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐

Other (Please explain) Effective Date 11-1-67

Change in Name from Gallegos Gallup Unit

34 to Hickman A No. 4

Change of ownership give name

and address of previous owner Gallegos Gallup Sand Unit, Skelly Oil Company Operator, Farmington, N. M. 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Hickman A	4	Gallegos Gallup Pool	State, Federal or Fed	Federal SF-080384-B

Location

Unit Letter N, 660 Feet From The South Line and 1980 Feet From The West

Line of Section 3 Township 26 North Range 12 West, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized 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 Authorized 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	3	26N	12W	Yes	1-9-60

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Perm.	Em. Refr.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKS, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Interval					
Perforations			Depth	Gravel	Shale			

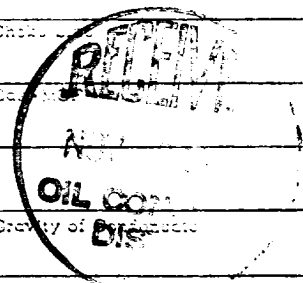
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAGGED BIT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of well and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Shut-In New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Check
Water Prod. During Test	Oil+Bgls.	Water+Bgls.	Check
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bgls. Condensate/MMCF	Gravity of Gas
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Check Size



VI. 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.

William C. Arnold
Director
(Title)
November 6, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 9 1967, 19
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
TITLE _____

This form is to be filed in compliance with N.M.C. 19-1-104.
It must be submitted to the Commission for review and approval.
The Commission may require additional information for its review.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-pool completed wells.