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SANTA FE	1	1	
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OPERATOR	1		
PRORATION OF		$T^{-}$	

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

	FILE	<del></del>	<del>, , , ,</del>					AND			Effective  -	1-03
	U.S.G.S.		<del>                                     </del>		AUT	HORIZA	TION TO TR	ANSPOR	OIL AND	NATURAL G	AS	
	EARD OFFICE	OIL	╂─┤	—								
	IRANSPORTER	GAS	<del>} , </del>	-								
	OPERATOR	<u> </u>	1,									
1.	PROBATION OF	FICE	<del>                                     </del>	$\neg$								
•	Operator		<u></u>				<del></del>				<del></del>	
		gy Re	serv	res	Group,	Inc.						
	Address	2200	0-		~ [./o=	ina 0	12601					
		3280,			r, Wyoπ	iing 8	2601					<u> </u>
	Reason(s) for filing New Well	(C.neck p	roper	oox)	Channe	T			Other (Please	explain)		
	Recompletion	Ħ			Oll	in Transp	Dry C	ics []	Name ch	ange from	Clinton Oil	Company
ļ	Change in Ownership	, Ti				head Gas		ensate	Name Cr	dage 110m	crinton orr	company
1										<del></del>		
	If change of owners			e						•		
•	and address of prev	/lous ow	ner			<del></del> -		<del></del>	•		<del></del>	<del></del>
I.	DESCRIPTION O	F WEL	L AN	D L	EASE							
i	Lease Name					o. Pool N	ame, Including	Formation	<del></del>	Kind of Lease		Lease No.
	Gallegos Can	yon U	nit		9	Wes	t Kutz- P	ictured	Cliffs	State, Federal	or Foo Federal	SF079346
.	Location											
-	Unit Letter	<u>K</u>	;	18	85 Feet F	rom The_	South L	ne and	2135	Feet From T	he_West	
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Į.	Line of Section			Towns	ship	28N	Range	12W	, NMPM		San Juan	County
. 1	DESIGNATION O	E TDA	N'S D'C	שדמו	ED OF OI	T AND P	NATURAL C	40		-		
ï	Name of Authorized					Condensa			Give address i	o which approv	ed copy of this form is	to be sent)
ļ							_			• •		
Ì	Name of Authorized	Transpor	ter of	Casin	ghead Gas	or I	Ory Gas 🔀	Address	Give address i	o which approv	ed copy of this form is	to be sent)
-	El Paso Natu	ral G	as C	o.				Вох	990, Far	mington,	New Mexico 8	7401
1	If well produces oil	or Hauida			Jnit S	ec. T	wp. P.ge.		tually connecte			
	give location of tank			1	t	1		yes		; <b>1</b> :	2-6-74 reconn	ect
1	f this production is	commi	ngled	with	that from	any other	lease or pool,	give comm	ingling order	number:		•
	COMPLETION DA											
Í	Designate Typ	e of Co	omnle	tion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back   Same Re	siv. Diff. Resiv.
					1		<u> </u>	<u> </u>	<u> </u>		1	
١	Date Spudded				Date Compl.	Ready to	Prod.	Total Des	oth		P.B.T.D.	
┞	Flowette - (DF DVF	D.T. 0		-	Name of Pro	d		T 00 (	P		Table - Darah	
-	Elevations (DF, RKE	s, K1, G1	K, etc.	'   '	tame of Pro	aucing ro	rmation	Top O11/0	es bah	ليان عليه والسمي والسمي	Tubing Depth	
ŀ	Perforations						<del></del>	<u>.l</u>			Depth Casing Shoe	
١	• • • • • • • • • • • • • • • • • • • •								/			
ŀ					···	TUBING	, CASING, AN	D CEMENT	ING RECOR	<del>-</del> -!	*	
l	HOLE	SIZE			CASIN		ING SIZE	i		TMAR 2 9	SACKS CE	MENT
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L										1357	3/	
								1		DF57.	<del></del>	
'. '	TEST DATA AND	REQU	EST	FOR	ALLOW	ABLE				ne of load oil a	<del></del>	exceed top allow-
3	OIL WELL						(Test must be a able for this d	epsh or be fo	r full 24 hours	ne of load oil a	nd must be equal to or	exceed top allow-
3					ALLOW			epsh or be fo	r full 24 hours	ne of load oil a	nd must be equal to or	exceed top allow-
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	OIL WELL			E				epsh or be fo	r full 24 hours Method (Flow	ne of load oil a	nd must be equal to or	exceed top allow-
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