DISTRICTII P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	REQUEST F	OR ALLOWA	ABLE AND AUTHOR	RIZATION BAS	1	
Operator Address Address		Well API No.				
Reason(s) for Filing (Check proper I) New Well Recompletion Change in Operator If change of operator give name	Change in	n Transporter of:	Effective 4	•	21 5 2 2	
and address of previous operator			\U.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Lease Name Gallegos Canyon Unit 145 Basin (Location					of Lease e, Federal of Fee	Lease No.
Unit LetterA	: 842	Feet From The _	N Line and 114	ا ک	Feet From The	:Line
Section 26 Tox	vnship 29 N		⊇ W , NMI'M,		Juan	County
III. DESIGNATION OF TI Name of Authorized Transporter of O Mane of Authorized Transporter of O EL Pase Natural If well produces oil or liquids, give location of tanks. I this production is commingled with	Of Conden	IL AND NATU	Address (Give achiess to w P.D. Box 428 Address (Give achiess to w Caller Service Is gas actually connected?	hich approve L. Facn hich approve	d copy of this form is a nington NM d copy of this form is a acmington N	io be seni) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
V. COMPLETION DATA						
Designate Type of Complet	l	Gas Well	New Well Workover	Deepen	Plug Back Same	Res'v Diff Res'v
Date Spridded	Date Compl. Ready to	Prod.	Total Depth	·	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations			Top Oil/Gas Pay		Tubing Depth	
			1		Depth Casing Shoe	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		CEMENTING RECORD DEPTH SET		SACKS CEMENT	
. TEST DATA AND REQU	JEST FOR ALLOWA	BLE				
OIL WELL (Test must be of Date First New Oil Run To Tank	Date of Test	f load oil and must	be equal to or exceed top allo Producing Method (Flow, pu	muble for thi mp, gas lýt, c	s depth or be for full 2	4 hows.)
angth of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - libla		Gas- MCF	
GAS WELL			I			
Actual Prod. Test - MCP/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
esting Mediod (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut in)	र एक एक क्षा	think share	
/I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complicate the best of thy knowledge and belief.			OIL CONSERVATION DIVISION Date Approved APR 11 1989			
Signature Adm Supr			By 3.1. O.			
Print Brane Date	(505) 325-88	Title'	Title	PERVISI	ON DISTRICT	# 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes,
- 4) Senarate Form C-104 nuter ha filled for much reset in multiple completed wells.