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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
W. M. GALLAWAY

Address
101-2 Petroleum Plaza Building, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)



If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name G. H. Callow	Well No. 6	Pool Name, Including Formation Kutz Pictured Cliffs (West)	Kind of Lease State, Federal or Fee Fed.	Lease No. 0468126
Location Unit Letter Q ; 2340 Feet From The North Line and 2420 Feet From The East		Line of Section 28 Township 29 North , Range 13 West , NMPM, San Juan County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79999			
If well produces oil or liquids, give location of tanks. Unit N/A	Sec.	Twp.	Rge.	Is gas actually connected? No When Soon as El Paso lays line.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1/20/71	Date Compl. Ready to Prod. 7/14/71	Total Depth 1752'	P.B.T.D. 1689'					
Elevations (DF, RKB, RT, GR, etc.) 5747' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1472' - 1510'		Tubing Depth 1511.74		Depth Casing Shoe 1751.73		
Perforations 1472' - 1510'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	200		100 sx				
7 5/8"	5 1/2"	1751.73		110 sx				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 960 MCF	Length of Test 3 hrs.	Bbls. Condensate/MMCF TSTM	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot tube	Tubing Pressure (shut-in) 208	Casing Pressure (shut-in) 210	Choke Size Open flow 1" tubing

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.

W. M. Gallaway
(Signature)

(Title)

(Date)

**OIL CONSERVATION COMMISSION
AUG 16 1971**

APPROVED _____, 19____

BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3

TITLE _____

This form is to be filed in compliance with RULE 1104.
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.