

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 1-1-85

Operator W. M. Gallaway	
Address 3005 Northridge Dr., Ste. I, Farmington, N. M. 87401	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ute Indian A	Well No. 5	Pool Name, including Formation Verde Gallup	Kind of Lease Ute Mtn. Ind. State, Federal or Fee	Lease No. 14-20-151-46
Location Twp. 15N Range 31N Line and 1980				
Line of Section 15				
Range R 15 W				
San Juan				

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) P. O. Box 159, Bloomfield, N. M. 87413	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 15
	Twp. 31N	Rge. 15W
	Is gas actually connected? When	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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-Bbls.

GAS WELL	Length of Test	Bbls. Condensate/BACF	Gravity of Condensate
Producing Method (Flow, pump, gas lift, etc.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. STATEMENT 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, W. M. Gallaway
Operator
July 1, 1990

OIL CONSERVATION COMMISSION JUL 11 1990	
APPROVED	
BY	<i>Supervisor</i>
TITLE	SUPERVISOR DISTRICT #3
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 transportation or other such change of condition. Supersede Form C-104 must be filed for all such recompletions.	