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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION 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-111  
Effective 12-1-57

I.

Company Galaxy Oil Company  
Address P. O. Box 610, Hobbs, New Mexico 88240  
Person(s) for filing (Check proper box):  
 New Well  Change in Transporter   
 Permit Letter  Oil  Dry Gas   
 Change in Ownership  Gashead Gas  Gasoline   
 If change of ownership give name and address of previous owner: Galaxy Oil Company, P. O. Box 610, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Unit 55 Well No. 21 19 37 State of Lease New Mexico  
 Location 21 19S 37E Township 19S Range 37E Section 21  
 Direction South Feet From The East 330  
 Date I 1971 Feet From The East 330

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Galaxy Oil Company or Condensate   
 Name of Authorized Transporter of Gas Galaxy Oil Company  
 If well produces oil or liquids, give location of tanks: H 21 19 37 Yes

IV. COMPLETION DATA

Designate Type of Completion - (X) Recompleted  
 Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Casing Depth \_\_\_\_\_  
 Elevations (D.F., RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_  
 Perforations \_\_\_\_\_ Depth (Feet) \_\_\_\_\_

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 \_\_\_\_\_ Length of Test \_\_\_\_\_  
 Testing Method (spot, back prod.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke 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.

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_ 1957  
 BY \_\_\_\_\_  
 TITLE \_\_\_\_\_

P. E. Wade  
 (Signature)  
Area Superintendent  
 (Title)  
September 30, 1957  
 (Date)

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.