NO. OF COPIES RECEIVED 5
DISTRIBUTION
SANTA FE 1
FILE 1
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL 1
GAS 1
OPERATOR 1
PRORATION OFFICE

ILLEGIBLE

I. Operator

EL PASO PRODUCTS COMPANY

Address

Post Office Box 1589, Farmington, New Mexico 87

Reason(s) for filing (Check proper box)

New Well — Change in Transporter of: Oil — Dry Gas — Casinghead Gas — Condensate — Effective Date 11-1-67

Recompletion — Oil — Casinghead Gas — Condensate — Change in Name — Plug and Abandon — Other

Change in Ownership — Casinghead Gas — Condensate — Name of Previous Operator Pan American No. 9

If change of ownership give name and address of previous owner Gallegos Gallup Sand Unit, Shelly Oil Company Operator, Farmington, N. M. 8740

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Western	3	Gallegos Gallup Pool	State, Federal or Fee	Federal SF-078897

Location

Unit Letter D : 660 Feet From The North Line and 660 Feet From The West

Line of Section 7 Township 26 North Range 11 West, NMPM, San Juan County

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)
The Permian Corporation	Post Office Box 879, Midland, Texas
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Post Office Box 990, Farmington, New Mexico 7401

If well produces oil or liquids, give location of tanks. Unit J | Sec. 7 | Twp. 26N | Rge. 11W | Is gas actually connected? Yes | When 1-15-60

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

IV. 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 (DF, 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 (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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	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.

(Signature)

November 6, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 9 1967

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #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 operator, well name or number, or transporter of oil or other casinghead or dry gas.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED
NOV 8 1967
OIL CON. COM.
DIST. 3