

NEW MEXICO OIL CONSERVATION COMMISSION
DISTRICT OFFICE
SANTA FE
FILE
LAWSON
LAND OFFICE
TRANSPORTER
OPERATOR
EXPLORATION OFFICE

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

Form O-104
Supersedes O-103 and O-105
Effective 1-1-66

Operator
Astro Oil & Gas Company
Address
Branch 570, Farmington, New Mexico

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

If change of ownership give name
and address of previous owner

II. DESIGNATION OF LEASE AND POOL

Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.
Gallegos Canyon Unit #112 Gallegos State, Federal or Pub SP-077366
Location
Unit Letter I 1230 Feet From The South Line and 775 Feet From The East
Line of Section 28 Township 28 North Range 13 West, NMPM, Sec. 28, Twp. County

III. DESIGNATION OF AUTHORIZED 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,
Four Corners Pipeline Company Box 1588 Farmington, New Mexico
Name of Authorized Transporter of Gashead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent,
El Paso Natural Gas Company Box 680, Farmington, New Mexico
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When
give location of tanks.

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

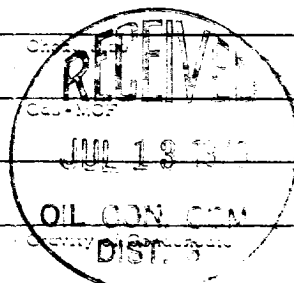
IV. COMPLETION DATA

Designate Type of Completion - (1)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DB, AHB, AT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Penetrations					Depth Casing Shoe			
NO. OF Casing, Cement, and Completion Logs								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		BACK, DEPTH			

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of initial volume of test oil and must be equal to or exceed test allowable for this depth or for full well depth)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Testing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Water	Water-Cut
Test-MOF/D	Length of Test	First Condensate/MOF
Testing Method (Flow, back pr.)	Testing Pressure (Gauge-PSI)	Casing Pressure (Gauge-PSI)



VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION
JUL 13 1970

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.

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

Emery C. Arnold
Emery C. Arnold
JUL 13 1970
Date

This form is to be filed in compliance with well rules.
It is to be accompanied by a copy of the well log and a copy of the test report.
This form is to be filed in accordance with well rules.
This form is to be filed in accordance with well rules.
This form is to be filed in accordance with well rules.
This form is to be filed in accordance with well rules.