NO OF CO- ES MECEIVED							
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION					
SANTA FE				REQUEST FOR ALLOWABLE			
FILE				AND			
U.S.G.S.	:		AUTHO	RIZATION TO TRANSPORT OIL AND N	IATURAL GAS		
LAND OFFICE							
TRANSPORTER	OIL						
TRANSPORTER	GAS						
OPERATOR							
PRORATION OFFICE							
Cperator							
Reason(s) for filing New Well Recompletion Change in Ownership If change of owners and address of pres	idge I	name	Change in Oil Casinghe	rmington, N. M. 87401 Other (Please Transporter of: X Dry Gas ad Gas Condensate			
DESCRIPTION O	F WEL	L AND LEA	Well No.	Pool Name, Including Formation	Kind of Lease Ute M		
Ute Indian	A		10	Verde Gallup	State, Federal or Fee		
Location Unit Detter	· ·	:_660	i erro	morke South time and 790	<u>.</u>		
Line of Section	15	Townshi	₅ 31 No	orth Range 15 West . No. 1	<u> </u>		
DESIGNATION C	Transpor	NSPORTER	OF OIL	AND NATURAL GAS Condensate Address (Give address	to which approved copy (

Operator

auly :, 1900

Form C-104

Supersedes Old C-104 and C-110 Effective 1-1-05

TRANSPORTER					
OPERATOR					
PRORATION OFFICE Cperator					
W. M. Gallaway					
W. M. Gallaway Address					
3005 Northridge Dr., S	Ste. I, Farmington, N. M	1. 87401	ase explain)		
Reason(s) for filing (Check proper box	x)	Other (Fied	ise expining		
New Well	Change in Transporter of: Oil X Dry C	Gas -			
Recompletion		lensate			
Change in Ownership					
If change of ownership give name and address of previous owner					
and address of previous owner.					
DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation	Kind of Lease Ute Mtn. Ind.		
Lease Name Ute Indian A	10 Verde Gallu		State, Federal or Fee 14-20-151-46		
Legation		<u> </u>			
72000000)i serma The South	me and 790			
Line of Section 15 To	ownship 31 North Range	15 West			
OF TO ANCHOE	TER OF OU AND NATURAL (GAS			
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	Address (Give address	ss to which approved copy of this form is to be sent)		
Gary-Williams Energy		P. O. Box 159	P. O. Box 159, Bloomfield, N. M. 87413		
Name of Authorized Transporter of C	asınghead Gas or Dry Gas	Address (Give addres	Address (Give address to which approved copy of this form is to be sent)		
		ls gas actually conne	entedo Viber		
If well produces oil or liquids,	Unit Sec. Twp. Fige.	İ	rateur		
give location of tanks.	M 15 31N 15W				
If this production is commingled w	with that from any other lease or poo	ol, give commingling or			
· COMPLETION DATA	Oil Well Gas Well	New Well Workeye	er Deeper. Flug Back Same Resty. Diff. F		
Designate Type of Complet					
Date Spudded	Date Compl. Ready to Prod.	Total Depth			
	Name of Producing Formation	Tot Cil/Gas Pay	Nubern Repth		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation				
Perforations			. etr Casing Shoe		
Ferroranona					
		ND CEMENTING REC			
HOLE SIZE	CASING & TUBING SIZE	DEPTH	SE. CAGO OFFICE		
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	e after recovery of total :	colonie of transcillant many the equal to or exceed top		
OIL WELL		depth or be for fall 24 h	aut) Tou, pump, gos lift, etc.)		
Date First New Cil Run To Tanks	Date of Test	Plotacing wines in	The second secon		
	Tobing Pressure	Cosing Freesure			
Length of Test	1 string 1 location	(F	PECFIARIII		
Actual Prod. During Tests	O:: - E 516.	Weter-Bbls.	DEL MOF		
Actual Free Parks		U	JUL1 0 1990		
The same of the sa					
GAS WELL		Fig. Contens to C	OIL CON . Y of Condensate		
Actual Frod. Test-MOF/D	Lengto of Text	(L	DIST. 3		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tubing Pressure (Shut-in)	Cooling Arrest ate (%			
Testing Method (pitet, back pr.)	The state of the s				
	NCE	01	L COMSERVATION COMMISSION		
I. CENTIFICATE OF COMPLIA	NUL		JUL 1 1 1990		
and the second s	id regulations of the Oil Conservation	on APPROVED	, 19		
Committee have been complete	d with and that the information give the task of my browledge (all belie	en er mv	21001		
shows a true and outsplace to	the last of my knowledge and belie	- * · · · · · · · · · · · · · · · · · ·	Dungto ! Stamp		

The form is to be the complete with Rule 1104.

If this is a regret of the control of the newly drilled or despendency, this form notice that the control of the deviation tests taken on the vall in accompanied RULE 111.

All sections of this form must be filled out completely for allowable on new and recoupt the value.

Fill out only S minut 1. II. III. and VI for changes of owner, well name or number, or transportance other such change of condition.

Separate Forms C-10s must be filled for such pool in multiply