

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Water P.O.D
280 4505

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator W.M. GALLAWAY		Well API No. 30-039-25302
Address 3005 NORTHRIDGE, SUITE I, FARMINGTON, NEW MEXICO 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name TRIX (Prop. P.O.D. # 4453)	Well No. 2	Pool Name, Including Formation GAVILAN MANCOS	Kind of Lease State, Federal or Fee	Lease No. FEE
Location Unit Letter M : 790' Feet From The SOUTH Line and 990' Feet From The WEST Line Section 5 Township 26N Range 2W, NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GARY WILLIAMS ENERGY CORP. 280 4498	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159, BLOOMFIELD, NM 87413 (ATTN: KORBI)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> WILLIAMS FIELD SERVICE CO. 280 4504	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 58900, SALT LAKE CITY, UT 84158-0900	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 5
	Twp. 26N	Rge. 5W
	Is gas actually connected?	When?
	NO	10 DAYS

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-30-94	Date Compl. Ready to Prod. 12-17-93 1-1-94	Total Depth 7345'	P.B.T.D. 7328'					
Elevations (DF, RKB, RI, GR, etc.) 7105 GR	Name of Producing Formation GAVILAN MANCOS	Top Oil/Gas Pay 7000'	Tubing Depth 7268'					
Perforations 7000'-7090' & 7118'-7244'			Depth Casing Shoe 7344'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14-1/4"	CASING & TUBING SIZE 10-3/4"	DEPTH SET 325'	SACKS CEMENT 413 CU. FT.					
9-7/8"	7-5/8"	6950'	289 & 898 CU. FT.					
6-3/4"	5" LINER	6808' TO 7344'	73 CU. FT.					

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 Tank 1-1-94	Date of Test 1-1-94	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure 50	Casing Pressure 50	Choke Size NONE
Actual Prod. During Test 80	Oil - Bbls. 72	Water - Bbls. 8	Gas - MCF 130

GAS WELL 635.16	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
Bbls. Condensate/MCF	Gravity of Condensate
Casing Pressure (Shut-in) 1412.435	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
W.M. GALLAWAY
Printed Name
1-21-94
Date
325-6771 OR 327-7634
Telephone No.

OPERATOR

OIL CONSERVATION DIVISION

Date Approved JAN 1 1994

By Original Signed By CHARLES GUNLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.