<u> </u>				
NO. OF COPIES RECEIVED			5	
DISTRIBUTION				
SANTA FE				
FILE		1	-	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	7		
	GAS	1		
OPERATOR				
PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	FILE / J	AUTHORIZATION TO TR	AND			
	LAND OFFICE	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	TRANSPORTER OIL /					
	GAS /					
I.	PRORATION OFFICE	_				
•	Operator					
	Skeily Ull Company Address					
		2.0. box F30. Hobbs. New	- 1950 14 a 17 45			
	Reason(s) for filing (Check proper bo	x)	Other (Please explain)			
	New We!l	Change in Transporter of:				
	Recompletion	Oil Dry Go	- 100 CON 1 A 1400	rch 1, 1967.		
	Change in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including F		Lease No.		
	Callegos Collun Gand	it. 43 Gallegos Gal	State, Federa	alor Fee 野田道在事業		
	Location					
	Unit Letter D ; 66	Feet From The North Lir	ne andFeet From	The		
	Line of Section 🙎 To	ownship 261 Range	11W , NMPM, San J	GAN County		
	Eline of Section 8	Z ₀	Addition to the control of	County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	as			
	Name of Authorized Transporter of Of	l 📉 or Condensate 🗌	Address (Give address to which appro			
	Die Permian Curpoxaci	on	P.O. Box 3119, Midlen	•		
	Name of Authorized Transporter of Co		Address (Give address to which approved copy of this form is to be sent) Poll, Box 990, Farmington, New Mexico Is gas actually connected? When			
	1 Pro Natural Gas C	Unit Sec. Twp. Rge.				
	If well produces oil or liquids, give location of tanks.		Yes	2		
	If this production is commingled w	J 8 26m 11W ith that from any other lease or pool,				
IV.	COMPLETION DATA	ith that from any other lease of pool,	give comminging order number.			
	Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
				1 1		
	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		
	Lievations (Dr., RRB, R1, GR, etc.)	realic of Floriding Formation	rop on, dat i ay	Tabling Beptin		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			ļ			
		IOD ALL OWARDS E		· GOTTIAN		
٧.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil opth or be for full 24 hours)	and must be faul to the population		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)		
	<u> </u>			WD C 1067		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size MAR U 307		
		0.0 501-	Water - Bbls.	Gas MCE		
	Actual Prod. During Test	Oil-Bbls.	water - Bois.	DIST. 3		
			<u> </u>			
	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 COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION		
	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.		MAR	6 1967		
			APPROVED	C. Arneld		
			APPROVED MAR 6 1967 BY Original Action C. Arnold			
			TITLE SUPERVISOR DATE (3)			
	1	I was allowed the same of the				
	N 3 41/11		11	compliance with RULE 1104.		
trict Superintendent			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.			
	4 5 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11	I, III, and VI for changes of owner,		
		ate)	well name or number, or transpor	ten or other such change of condition.		
			Secrete Forms C-104 mus	t he filed for each pool in multiply		

Fill out only Sections I, II, 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.