

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	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

EL PASO PRODUCTS COMPANY

Address

Post Office Box 1560, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☒

Casinghead Gas ☐

Condensate ☐

Other (Please Specify)

Effective Date 11-1-67

Change in Name from Gallegos Gallup Unit

24 to Hickman A No. 5

If change of ownership give name and address of previous owner

Gallegos Gallup Sand Unit, Skelly Oil Company Operator, Farmington, N. M.

III. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Hickman A	5	Gallegos Gallup Pool	State, Federal or Foreign	Federal SF-080384-B
Location				
Unit Letter	J	1980 Feet From The	South Line and	1980 Feet From The
Line of Section	3	Township	26 North	Range
			12 West	
			NMPM,	San Juan
				County

IV. 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 3119, Midland, Texas 79701	
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, N. M. 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	F	3
	Twp.	Rge.
	26N	12W
Is gas actually connected?	When	
Yes	1-9-60	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	and	Refracture
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, HKS, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth of Perforations							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be reported on record top of well able 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-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Wm R. Spear
Wm R. Spear
Div. of Oil Conservation

(Title)

November 6, 1967

(Date)

OIL CONSERVATION COMMISSION

NOV 9 1967

APPROVED _____, 19

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with rule 1-1104.

If this is a request for allowable, it must be filed with the well log.

All sections of this form must be filled out and filed for a well to be able to work and recompletion wells.

Fill out only Sections I, II, III, 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 multi-completed wells.