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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS	/	
OPERATOR			
PRORATION OFFICE			
Operator			

DISTRIBUTION	4	NEW MEXICO OIL CONSERVATION COMMISSION					104
SANTA FE /	1	REQUEST		_OWABLE		Supersed Effectiv	les Old C-104 and C-11 e 1-1-65
FILE /	1	AND					E 1-1-02
U.S.G.S.	AUTHO	RIZATION TO TRA	NSPORT	OIL AND N	ATURAL	GAS	
LAND OFFICE	_						
TRANSPORTER OIL	_						
GAS /							
OPERATOR 3							
PRORATION OFFICE							
Operator							
Gulf Oil Corporation	<u>a</u>						
Address		خد مديد					
P. O. Bex 670, Hebbs		eo 88240	 				
Reason(s) for filing (Check proper box	•)			Other (Please	explain)		
New Well	Change in	Transporter of:	ا بــــــ	Change :	in lease	name and w	ell mmber
Recompletion	Oil	Dry Ga:	s 🖳			ber 1, 1967	
Change in Ownership	Casinghea	d Gas Conden	sate				
If change of ownership give name	Skally Oll	Company's Gal	legge (lellum Ser	nd Ibnit	<i>4</i> nn	
and address of previous owner	MALLY MAL	- Anniana - a var	TORAG .	Marie Carlo College	- OS44- O-	Til dealer	
DESCRIPTION OF WELL AND	LEASE						
Lease Name	Well No.	Pool Name, Including Fo	ormation		Kind of Leas		Lease No.
Gallegos Federal	2 1X	Gallegos Gal	lum		State, Feder	al or Fee Feder	a l
Location							11
,	10	Marris		200		D	
Unit Letter H; 23	Feet From	n The North Lin	e and	990	Feet From	The Rast	
				N. (5) (_	County
Line of Section 31 To	wnship 27N	Range	12W	, NMPM	San J	uan	County
			~				
DESIGNATION OF TRANSPOR	TER OF OIL	<u>AND NATURAL GA</u>	S	(C: -11	a subjek anna	oved copy of this fo	nem is to be sent!
Name of Authorized Transporter of On		ndensate 🔲					
The Permian Corpora			P. (J. BOX 31	ra' wron	and, Texas	IAINT
Name of Authorized Transporter of Co	-	or Dry Gas	!	_		oved copy of this fo	orm is to be sent)
Kl Paso Natural Gas	Company					ngton, N.H.	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas ac	tually connecte	ed? W	hen	
give location of tanks.	G 31	27N 12W		Yes	Į.	Unknown	
					bon		
If this production is commingled w	ith that from any	y other lease or pool,	give com	ningling order	number:	<u>·</u>	-
COMPLETION DATA	10	il Well Gas Well	New Well	Workover	Deepen	Plug Back So	me Res'v. Diff. Res'
Designate Type of Complet:		. ,,	1	I L	1		§
		endu to Drod	Total De	nth	<u> </u>	P.B.T.D.	
Date Spudded	Date Compl. R	eday to Prod.	1 ordi De	par		1.2.1.0,	
							
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Formation	Top Oil/	Gas Pay		Tubing Depth	
Perforations		-				Depth Casing S	hoe
	Т	UBING, CASING, AND	CEMEN.	TING RECOR	D		
HOLE SIZE		& TUBING SIZE		DEPTH S		SACH	SCEMENT
		<u> </u>					
			 			T	
			 				
. TEST DATA AND REQUEST I	FOR ALLOWA	BLE (Test must be a able for this de	fter recove	ry of total volu	me of load of	l and must be equa	l to or exceed top allo
OIL WELL		able for this de				أن حالم الموه والأ	THE IS
Date First New Oil Run To Tanks	Date of Test		Producin	ig Method (Flou	, pump, gas	"" "" Di	IFHAN
							
Length of Test	Tubing Pressu		Casing F	Stessme		Cheke Size	THE BELLY
						NOV	-9
Actual Prod. During Test	Oil-Bbls.		Water - B	bls.		GQ -MCF	9 1367
						/ ALT CA	DN ro. 1
·						Dis	
GAS WELL							· · · · · · · · · · · · · · · · · · ·
Actual Prod. Test-MCF/D	Length of Tes	t	Bbls. Co	ondensate/MMC	F	Gravity of Con	Sonosi V
100.000							
Testing Method (pitot, back pr.)	Tuhing Deser-	re(Shut-in)	Casina	ressure (Shut	-in)	Choke Size	
esting Method (pitot, back pr.)	' antid Liesen	(•		
			 				
. CERTIFICATE OF COMPLIA	NCE			OIL		ATION COMM	ISSION
			1		NOV	<i>i</i> 9 1967	4.5
I hereby certify that the rules and	i regulations of	the Oil Conservation		APPROVED, 19			
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.		11 ~	By Original Signed by Emery C. Arnold				
above is true and complete to t	he best of my k	nowledge and belief.	BYU	righter or			
			TITL	E	SUPER	VISOR DIST.	折 り
ORIGINAL SIGNED				•			
D BORLAND	A.		Т	This form is to be filed in compliance with RULE 1104.			
EN BORLAND			I	To this is a sequent for allowable for a newly drilled or deepene			
(Signature)				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
Area Production Manager			All sections of this form must be filled out completely for allow				
(Title)			able (all sections of on new and re	completed	wells.	
11-8-67			} _		Cantlana I	TY TIT and WI f	or changes of own
	Date)		well	ame or number	r, or transp	orter, or other suc	h change of condition
, , , , , , , , , , , , , , , , , , ,	Duite		1)				

Separate Forms C-104 must be filed for each pool in multiply completed wells.