NO. OF COPIES REC	10		
DISTRIBUTIO			
SANTA FE		/	
FILE		7	/
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		17	
PRORATION OF	77		

	NO. OF COPIES RECEIVED					
	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104		
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-89		
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL GAS			
	LAND OFFICE	AG TIGHT ENTRY	HO ON FOIL AND NATURAL GAS	,		
	TRANSPORTER OIL	! 1				
	OPERATOR 97	1				
1.	PRORATION OFFICE					
	Operator	-				
	Gulf Oil Corporet Aug.					
	P. O. Box 670, Rebbs,	New Mandico 88240				
	Reason(s) for filing (Check proper box,		Other (Please explain)	1. 1. 1. 1. 1. 1. 2.		
	New Well Recompletion	Change in Transporter of: Oil Dry Gas	Lease 7/a mc Grange In owner the			
	Change in Ownership	Casinghead Gas Conden	<u></u>	7) 4.2000.575/		
	If change of ownership give name to	had in the about any of the Contract of the Co		193 444 04 : 24		
	and address of previous owner	KITTEN-MENTON OF ALL	ucing Gerpany, 2. 0. Box 1	174, indian ison		
11.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool time, Including Fo		Lease No.		
	Pouthit Federal	2 Gallegos Fruit	land State, Federal or	Fee Federal		
	Unit Letter D 660	Feet From The North Line	e and660 Feet From The	West		
	_					
	Line of Section 27 Tov	vnship <b>27-N</b> Range 1	1-W , NMPM, San Ju	County		
HI.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
	Name of Authorized Transpar is of Oil		Address (Give address to which approved	copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	singhead Gas or Try Gas \	Address (Give address to which approved	conv of this form is to be cantl		
	Southern Union Gas Co.	49	Pidelity Union Tower Bld			
	If well produces oil or liquids	Unit Sec. Twp. Age.	Is gas actually connected? When	TOO DESTURE TAXABLE		
	give location of tanks.	· !	<b></b>	<u> </u>		
	If this production is commingled wir COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
• • .	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen P	lug Back - Same Reidy, Diff. Restv.		
		Date Compl. Ready to Prod.	Total Depth P	.B.T.D.		
	Date Spudded	Date Compi. Reddy to Prod.	Lotal Depth	.B.1.D.		
	Elevations (DF, RKB, RT, GF, etc.,	Name of Producing Formation	Top Cil/Gas Pay T	ubing Depth		
			·	epth Casing Shoe		
	Perforations			epth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		<u> </u>				
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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 Cil Run To Tinks	Date of Test	Producing Method (Flow, pump, gas lift, e	tc.)		
			<u> </u>			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	- PAGE		
				? <i>!\-\\</i>		
			I	roci AFL		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	of Condensate		
			10/	1966		
	Testing Method (pitot, back pro-	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	DIST 2		
•	OFFICIAL OF COMME	GE.	OIL CONSERVAT	PON COMPAGEIONI		
VI.	CERTIFICATE OF COMPLIAN	KIIFICATE OF COMPLIANCE				
	I hereby certify that the rules and	regulations of the Oct Conservation	APPROVED AUG - 3 1	JOD		
	Commission have been consilled t	mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		Emery C. Arnold		
	•		SUPERVISOR DIST. #3			
	INO O A		This form is to be filed in compliance with RULE 1104.			
	1114 11	ai'	Inis form is to be filled in con	PARENCE WILL RULE 11941		

irea Production Manager

& (Title)

(Date)

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 '11'.

All sections of this form must be filled out completely for allowable on new and recompleted 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 multiply completed wells.