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I.	Operator					
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	Reason(s) for filing (Check proper box	:)		Other (Please	explain)	
	New Weil	Change in Transporter	r of:			
	Recompletion	011	Dry Gas			
	Change in Ownership	Casinghead Gas	Condensa	te		
	If change of ownership give name and address of previous owner					
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11.	DESCRIPTION OF WELL AND Lease Name		No. Pool Name,	Including Formation		(ind of Lease
	Gallegos Canyon Uni	t 22	6 Basin	Dakot a	S	itate, Federal or Fee Federal
	Location Carry Car					
	Unit Letter <u>M</u> ; 119	O Feet From The Sou	th Line o	md	Feet From The	West
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	Line of Section 18 To	wnship 28N	Range	W, NMPM,	San Jua	in County
111	DESIGNATION OF TRANSPOR	TER OF OU AND NAT	TIRAT GAS			
	Name of Authorized Transporter of Oil			ddress (Give address to	which approved	copy of this form is to be sent)
	Plateau, Incorporat	ed		P. O. Box 108	Farming	on, New Mexico
	Name of Authorized Transporter of Ca	singhead Gas or Dry (ddress (Give address to	which approved	copy of this form is to be sent)
	El Paso Natural Gas		j	n o n 000		W W
		: Lampanv	į.	P. U. BOX 99U	Farming	on, new mexico
		Unit Sec. Twp.		P. O. Box 990 s gas actually connected		on, New Mexico
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge. I			on, New Mexico
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. M 18 28N	Rge. Is	s gas actually connected	? When	on, New Mexico
	If well produces oil or liquids,	Unit Sec. Twp. M 18 28N th that from any other lear	Rge. In the second seco	NO ve commingling order in	number:	
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VI.

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.

(Signatur

Administrative Assistant (Title)

May 25, 1966

(Date)

MAY 3 1 1966 APPROVED Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3 TITLE .

This form is to be filed in compliance with RULE 1104.

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.

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.