DISTRIBUTION	5
ANTA FE	1
ILE	1
.S.G.S.	
.AND OFFICE	
TRANSPORTER OIL	1
TRANSPORTER GAS	
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator
East Enterprises

Address
P.O. Box 1200 Farmington, New Mexico

Reason(s) for filing *(Check proper box)*

New Well [ ]
Recompletion [ ]
Change in Ownership [X]

Other *(Please explain)*

If change of ownership give name and address of previous owner J.M. Gallaway Pet. Engr. Farmington, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Formation	Kind of Lease	Lease No.
Deb	2-X	Slick Rock Lakota	State, Federal or Fee Navajo 14-20-603-2027 Tribal	

Location

Unit Letter P : 360 Feet From The South Line and 690 Feet From The East

Line of Section 36 Township 30-N Range 17-W NMPM San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate — Address *(Give address to which approved copy of this form is to be sent)*
The Permian Corp. P.O. Box 1183 Houston Texas 77001

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas — Address *(Give address to which approved copy of this form is to be sent)*
None

If well produces oil or liquids, give location of tanks. Unit I Sec. 36 Twp. 30N Rge. 17W Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

OIL WELL

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-MCF

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 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.

(Signature)
Owner
(Title)
2/25/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY ORIG.

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