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| LAND OFFICE            |              |
| TRANSPORTER            | OIL /<br>GAS |
| OPERATOR               | /            |
| 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  
W. M. GALLAWAY  
Address  
101-2 Petroleum Plaza Building, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner  
Tenneco Oil Company, Suite 1200, Lincoln Tower Bldg.,  
Denver, Colorado 80203

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Ute Mtn. "B" Well No. 7 Pool Name, Including Formation Verde Gallup Kind of Lease State, Federal or Fee Fed. Lease No. NM 238  
Location  
Unit Letter N : 660 Feet From The South Line and 1880 Feet From The West  
Line of Section 31 Township 31 North Range 15 West, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Shell Pipe Line Corporation Box 1588, Farmington, New Mexico 87401  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit 1 Sec. 32 Twp. 31N Rge. 15W Is gas actually connected? No 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)  
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 OIL WELL (Test must be after recovery of total volume of load oil and must be able to exceed top allowable 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 OCT 1 1970  
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF OIL CON. COM. DIST. 3

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.  
W. M. Gallaway (Signature)  
Owner - Operator (Title)  
September 25, 1970 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED OCT 1 1970  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR DIST. #3  
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.