NO. OF COPIES RECE	14		
DISTRIBUTIO			
SANTA FE	1		
FILE	7		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR	1		
PRORATION OF			
Operator			
Ralph	G. A	bbo	tt

Julu 6, 1977 (Date)

	DISTRIBUTION		NEW MEXICO OU C	ONSERVATION COMMI	SCION	Form C-104								
	SANTA FE I													
	FILE		KEQUEST.	Supersedes Old C-104 and C-11 Effective 1-1-65										
	U.S.G.S.	AND												
	LAND OFFICE	+	AUTHURIZATION TO TRA	ANSPORT UIL AND N	ATURAL (GAS								
	OIL /	╁												
	TRANSPORTER GAS	-												
	OPERATOR /		,											
I.	PRORATION OFFICE													
	Operator													
	Ralph G. Abbo	tt	dba TASCO.		·									
	Address P.O. Bow 1200) Fa-	rmington, New Mexico 87	7401										
	Reason(s) for filing (Check proper			Other (Please o	rnlain)		······································							
	New Well	,	Change in Transporter of:	Omer 12 sease .	. ~ p									
	Recompletion		Oil Dry Ga	. [
	Change in Ownership X		Casinghead Gas Conden	77										
	If shares of aureachie sive no		-											
	If change of ownership give nat and address of previous owner	ne l	W. M. Gallaway Petroleu	ım Plaza Bdg. Fai	mington	. New Mexico								
	DECORPTION OF RELL	.	FAGE											
и.	DESCRIPTION OF WELL A Lease Name	NU L	Well No. Pool Name, Including Fo	ormation I	(ind of Lease	•	Lease No.							
	Ute Etn. "B"		11 Verde Gallup	5	State, Federa	lor Fee Fed.	NM 238							
	Location			,	·· ··· · · · · · · · · · · · · · · · ·		1							
	Unit Letter F 2	.060	Feet From The North Line	e and 2080	Feet From T	The West								
		T	21 North Bores 15	Wast Nurv	San	Tues	County							
,	Line of Section 31	Town	nship 31 North Range 15	West , NMPM,	San	Juan	County							
II.	DESIGNATION OF TRANSP	ORT	ER OF OIL AND NATURAL GA	S										
	Name of Authorized Transporter o				which approv	ved copy of this form is to be sent) Texas 77001								
	The Permian Corp	orat	tion	P.O. Box 1183	Houston									
	Name of Authorized Transporter o			Address (Give address to										
	If well produces oil or liquids,	ı	Unit Sec. Twp. Rge.	Is gas actually connected? When										
- [give location of tanks.	1	I 32 31N 15W	No No										
		d with	that from any other lease or pool, a	give commingling order r	umber:	··· ··								
٧.	COMPLETION DATA		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same R	es'v. Diff. Res'v.							
	Designate Type of Compl	letion		1	20070	1	1							
	Date Spudded		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u> </u>							
	Date Spaced	- 1		•										
}	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth								
	Perforations					Depth Casing Shoe	Depth Casing Shoe							
			TUBING, CASING, AND			T								
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT								
				11.00		<u> </u>								
						 								
Ĺ		i.				j								
	TEST DATA AND REQUEST OIL WELL	r Fo	RALLOWABLE (Test must be aft able for this dep	ter recovery of total volume oth or be for full 24 hours)	of load oil a	and must be estual to o	exceed top allow-							
ī	Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow,	oump, gas lif	i, etc.)								
-	Length of Test		Tubing Pressure	Casing Pressure		Choke Size								
_				Water - Bble.		Gas-MCF								
ł	Actual Prod. During Test		Oil-Bbls.	wdter - DDIE.		Die i								
I_														
	GAS WELL						Man Par March							
Actual Prod. Test-MCF/D Length of Test			Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate								
	Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	n)	Choke Size								
L						TION COMMESSI								
1. (CERTIFICATE OF COMPLI	E	OIL CONSERVATION COMMISSION											
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given				APPROVED										
above is true and complete to the best of my knowledge and belief.			TITLE PETHOLEUS ENGLESSES FROM S This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or deepened											
							(Signature)				melt this form must b	e accompan	sied 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 allow			11.
							_	Ope e s	TUUI'	·····	All sections of th	is form mus	it be filled out comp	Tetath tot attom-

able 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.