NO. OF COPIES RECE	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	İ	
OPERATOR			

-	DISTRIBUTION SANTA FE	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE	Form C -104 Supersedes Old C-104 and C-110 Effective 1-1-65				
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE	CE OIL						
	TRANSPORTER GAS							
1.	PROPATION OFFICE							
	Operator Southern Union Exploration Company Address							
ļ	Suite 1800, First International Eldg., Dallas, Texas 75270							
	New Well	Reason(s) for filing (t.neck proper box)						
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condense	ate X					
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Form	mation Kind of Lease	Lease No.				
	Gallagher "8" State	3 North Vacuum At	1 1	cr Fee State E-1085				
	Unit Letter 0 66	O Feet From The South Line	and 1980 Feet From T	ne East				
	Line of Section 8 Town	nship 17-S Range	34-E , NMPM,	Lea County				
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed cany of this form is to be sent)				
	Name of Authorized Transporter of Oil	or Condensate A	First International Bld	gDallas,Texas 75270				
	Southern Union Refining Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas X	Address (Give address to which approved Firet International Bld	ed copy of this form is to be sent)				
	Western Gas Interstate		Is gas actually connected? Whe	n				
	If well produces oil or liquids, give location of tanks.	0 8 17-S 34-E th that from any other lease or pool, g	Yes	8/1/77				
ĮV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completio	on = (X)		P.B.T.D.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth				
	Perforations	Depth Casing Shoe						
		TUEING, CASING, AND	CEMENTING RECORD	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DET THE CO.					
				de la constant de la				
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)							
	OII. WEII. 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-Bble.	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				
			ATION COMMISSION					
٧	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.		APPROVED MAR 91 1978 . 19					
				Carlo and				
			TITLE	Dast 1, Supv				
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened by a tabulation of the deviation					
	(318)	tests taken on the well in accordance with the completely for						
	(Title)		able on new and recompleted wells.					
	March 28, 1978 (Date)		Fill out only Sections I. II. III. and VI for change of condition well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply					
			Separate Forms C-104 into					

Carried State of the County of