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TRANSPORTER	OIL	
	GAS	
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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

Operator Gato Corporation	
Address P. O. Box 1703 Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

Lease Name Mobil-State		Well No. 1	Pool Name, Including Formation Vacuum)Grb.-San And.)	Kind of Lease State, Federal or Fee State	Lease No. 587
Location Unit Letter J ; 1650 Feet From The South Line and 2310 Feet From The East Line of Section 22 Township 17-S Range 35-E , NMPM, Lea County					

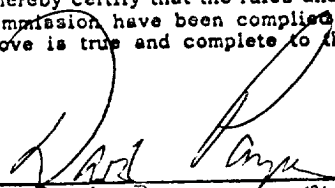
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Texas New Mexico Pipe Line Co.		P. O. Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Company		P. O. Box 2130, Hobbs, New Mexico 88240			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 22	Twp. 17-S	Rge. 35-E	Is gas actually connected? When No --

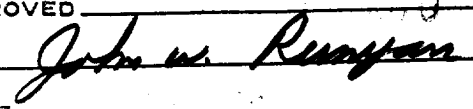
If this production is commingled with that from any other lease or pool, give commingling order number: --

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.
X				X					
Date Spudded 12-22-69	Date Compl. Ready to Prod. 3-14-70	Total Depth 4750		P.B.T.D. 4710					
Elevations (DF, RKB, RT, GR, etc.) 3942 RKB	Name of Producing Formation San Andres	Top Oil/Gas Pay 4490		Tubing Depth 4652					
Perforations 4543 - 4671 w/32 3/8" jets				Depth Casing Shoe 4744					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4"	8 5/8"	362		250 sx					
7 7/8"	4 1/2"	4744		325 sx					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)			
Date First New Oil Run To Tanks 3-13-70	Date of Test 3-13-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size --
Actual Prod. During Test P 61 BTF	Oil-Bbls. 60	Water-Bbls. 1	Gas-MCF 96 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.	
 Davis Payne (Signature) Engineer (Title) 3-14-70 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY 	
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.	