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	DISTRIBUTION	- · · · · · · · · · · · · · · · · · · ·	CONSERVATION COMMIS	SION	L
	SANTA FE / ~		FOR ALLOWABLE	SION	Form C-104 Supersedes Old C-104 and C-11
	FILE /		AND		Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO IRA		ATURAL GAS	5
	LAND OFFICE OIL /	3 3			
	TRANSPORTER GAS /	. A. M.			
	OPERATOR ,				
1.	PRORATION OFFICE				
	Operator		· ·		
	Pan American Petroleum Corporation				
	Security Life Building Reason(s) for filing (Check proper box)		80202 Other <b>NAME</b> e	CHANGED	
	New Well	Change in Transporter of:		DAN A ME	RICAIN PEIN.
	Recompletion	Oil Dry Go	$T \cap A \setminus A \cap A$	MOCO PRU	DOCTION CO.
	Change in Ownership	Casinghean Gas Conde	nsate EFFEC	TIVE: 2-1-7	1
	75	CHANGE			
	If change of ownership give name and address of previous owner	OF AL			
	,	OIL			
II.	DESCRIPTION OF WELL AND	7 7	me, Including Formation	Tv	ind of Lease
	Eskeenalwood Tas	1. 1/1/1			
	Location	I bas	in Dakota		tate, Federal or Fee Federal
	Unit Letter J ; 1925	Feet From The South Lir	ne and 1700	Feet From The	East.
	Chit Letter 7 172.	- reet From The Boden Lin	10 and 1700	reet from The	A de o c
	Line of Section 25 Tow	vnship 28N Range	9W , NMPM,	San Ju	an County
III.	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil		AS /	which approved	copy of this form is to be sent)
	Plateau, Inc.	of Condensate [N			
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas A		Box 108, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas Co.	Box 990, Farmington, New Mexico			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected		TICATO
	give location of tanks.	25 28N 9W	No		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order n	umber:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover		lua Back   Same Res'v.   Diff. Res'v.
	Designate Type of Completio	n = (X)	1	Deepen P	lug Back   Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P	.B.T.D.
	7-31-65	9-14-65	6680		6638
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Т	ubing Depth
	5839 RKB, 5827 GR	Dakota	6640		6579
	Perforations			D	epth Casing Shoe
	6594-6612, 6544-6556			6680	
		T	D CEMENTING RECORD		CA 0//2 0 5/45/45
	HOLE SIZE 13 3/4"	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
	9 7/8"	7 5/8"	2234		300 600
	6 3/4"	4 1/2"	6680		475
		2 3/8"	6453		
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 to				
	OIL WELL		epth or be for full 24 hours)	7/6	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	sump, gas lijt, e	
	Length of Test	Tubing Pressure	Casing Pressure		34 - 312
	2				00T 1 E 1065
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	☐ G	OCT 1 5 1965
				₹,	OIL CON. COM.
			1	DIST. 3	
	GAS WELL			·	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	G	ravity of Condensate
	2961 Testing Method (pitot, back pr.)	3 hours	Casina Pressure		hoko Cigo
		Tubing Pressure	•	0	hoke Size
¥7=	Back Pressure	236	826	\\(C==\)	3/4"
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	The share and share the sh		APPROVED OCT	APPROVED OCT 19 1965	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		6 (1)		
	above is true and complete to the	best of my knowledge and belief.	BY_Cerrelly_	<u> Clins</u>	4

D. I. Tollefson

(Signature)

(Date)

Administrative Assistant

October 14, 1965

This form is to be filed in compliance with RULE 1104.

TITLE Supervisor Dist. # \$

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.