				1		
ſ	NO. OF COPIES RECEIVED	<del>"</del> 				
ŀ	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104		
}	SANTA FE /		T FOR ALLOWABLE	Supersedes Old C-104 and C-110		
ŀ	FILE /	REGULS	AND	Effective 1-1-65		
ŀ	U.S.G.S.	AUTHODIZATION TO TE	SANCEOUT OIL AND MATHEAL	CAS		
ŀ	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  — 2-1-71. Corp.  — Pan American pane to changed its name to changed to change t				
}	OIL	Tef. 2-1-10. Co				
	TRANSPORTER					
	GAS /	- Pan Morred its co.				
	OPERATOR /	Refr. Petro. Corresponding to the service of the particular partic				
1.	PRORATION OFFICE					
	Operator PAN AMBARCAN PETECLERA CORPORATION					
	Address					
	501 Aispert Brive, 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 Cond	lensate			
	If change of ownership give name and address of previous owner	LEASE				
	Lease Name	Well No. Pool Name, Including		44444		
	Jierrille Tribel 360	2 Relievé Pie	tured Cliffs State, Feder	ral or Fee Indian Tribal 3		
	Location	, L.,				
	Unit Letter;;;	Feet From The South	ine and Feet From	The <b>Shot</b>		
	Line of Section Township 23-North Range 3-North , NMPM, Sendown County					
	DESCRIPTION OF MRANGBORS	PED OF OUT AND NATURAL	BAS			
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)		
	Reme of Administration	Name of Admonized Transportation of the				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Light Sec. Two Bas actually connected? When					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	hen		
	If this production is commingled wi	th that from any other lease or poo	ol, give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on – (X)	*			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	5-17-69	4-5-69	2900'	2829'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation  Pletured Gliffe	Top Oil/Gas Pay	Tubing Depth 2738'		
IV.	Perforations			Depth Casing Shoe		
	2729-39, 2747-53 w/2 SPT			2863*		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	11"	8-3/8" - 249	193,	138 est		
	6-3/4"	4-1/2" - 10.50	2863*	330 es		
v		1-1/2" - 2.730	2738*			
	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 allow					
٧.	able 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.)		
				COLIN		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Stze		
	-			/ 11-W-17-U)		
	Actual Prod. During Test	Oil-Bbls.	- Water-Bbls.	Gds-MCF		
				JUN 2 8 1989 1		
	GAS WELL			OIL CON. COM.		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Consensate		
	2331 (408 6479)	3 hr.				
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in) 752 peic	Choke Size		

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.

VI. CERTIFICATE OF COMPLIANCE

ORIGINAL BUSINED BX  G. W. Eaton, Jv.		
Ares	(Signature)	
June	25 , (Tiyes	

(Date)

OIL CONSERVATION COMMISSION
JUN 2 6 1969

APPROVED.

Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3 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.