NO. OF COPIES RECEIVED			`
DISTRIBUTION	NEW MEXICO OIL O	CONSERVATION COMMISSION	Form C-104
SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1.
U.S.G.S.		AND	Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO TRA	MYSPORT OIL AND NATURAL	_ GAS
OIL /		50	
TRANSPORTER GAS /	Pan American its neco. has changed FROD. co.		
OPERATOR /	has change Phob		
PRORATION OFFICE	All		607 02 97 0
Operator			(0) 1 % (1 % (1 % )
	PETROLEUM CORPORATION		- CON DOM
Address 501 Advances D	tedara Barrada atau Nama Maria		DIST. 3
L	rive, Farmington, New Mer		DIST. C
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry Go	==	
Change in Ownership		nsate XX	
onange in Contention	outsing the data [1] contact	and the last	
If change of ownership give name and address of previous owner		<del></del>	
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F		Indian
Navajo Tribal "P"	3 Tocito Dome	Penn. "D" State, Fede	eral or Fee 14-20-603-5033
Location			
Unit Letter P; 5.	10 Feet From The South Lir	ne and <u>660</u> Feet Fro.	m The East
	wnship <b>26-N</b> Range	19_U	Can Iuan
Line of Section 8 To	wnship 26-N Range	18-W , NMPM,	San Juan County
. DESIGNATION OF TRANSPOR	TER OF OU AND NATURAL CA	is.	
Name of Authorized Transporter of Oli			proved copy of this form is to be sent)
Plateau, Inc.		P. O. Box 108. Farmin	gton, New Mexico 87401
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas 📉	Address (Give address to which app	proved copy of this form is to be sent)
El Paso Natural	l Gas Co.	P. O. Box 990, Farmin	gton, New Mexico 87401
If well produces oil or liquids,	Unit Sec. Twp. Rge.		When
give location of tanks.	B 20 26N 18W	Yes	3-20-67
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
Designate Type of Completion	on - (X)		i l l
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-18-67	3-16-67	6315'	63141
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
RDB 5774'	Pennsylvanian "D"	62941	63031
Perforations			Depth Casing Shoe
6294-6301' x 2 SPF ar	nd 6308-12' x 4 SPF (blar		6315'
	<del></del>	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	100'	100
7-7/8"	8-5/8"	1500' 6315'	500 1550
	4-1/2" 2-3/8"	6303' (w/pkr.	
TEST DATA AND DECLIESE E			il and must be equal to or exceed top allow-
. TEST DATA AND REQUEST F OIL WELL		jter recovery of total volume of load o opth or be for full 24 hours)	ii ana must be equal to or exceed top allow-
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-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL		<del></del>	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
5230	24 hr.	34	()45)
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1272 psig	1272 psig	3/4"
. CERTIFICATE OF COMPLIAN	CE	OIL CONSER	ATION COMMISSION
		OCT 26 BIG	-
I hereby certify that the rules and	regulations of the Oil Conservation	1272 psig  OIL CONSERV  APPROVED OCT 26 197	, 19,
Commission have been complied to above is true and complete to the	with and that the information given best of my knowledge and belief.	Original Signed b	by w. v. Venauck
and the sum of the second to the			
ANALLE		TITLE PETROLEUM ENC	INEER DIST, NO, 8
ORIGINAL CONTRO	ω.,	This form is to be filed in	n compliance with RULE 1104.
6. A 1111		If this is a request for all	owable for a newly drilled or deepened
(Sign	ature)	well, this form must be accom-	panied by a tabulation of the deviation
Area Engineer		tests taken on the well in acc	
(Title) October 22, 1970		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,	
		Separate Forms C-104 mu completed wells.	ust be filed for each pool in multiply
		" COMPTETER METTE:	