	1						
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104				
SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65				
FILE /	AND						
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		of the				
TRANSPORTER OIL /	american is name to		/ Krofii ro				
OPERATOR /	has changed its has changed prop. co.		SEP 5 1967				
PRORATION OFFICE Operator	AMOCO 11		OIL CON. COM.				
PAN AMERICAN PETR	OLEUM CORPORATION		DIST. 3				
Address	, Farmington, New Mexico	87401					
Reason(s) for filing (Check proper box		Other (Please explain)					
New Well Recompletion	Change in Transporter of: Oil Dry Ga	s [
Change In Ownership	Casinghead Gas Conden	↑₹					
If change of ownership give name and address of previous owner	Bengon-Montin-Greer Brill	ling Corporation, Petrel	eum Center Building,				
1	Farmington, New Mexico						
II. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fe	!					
Ginther Location	1 Resin	State, Federal	or Fee Federal SF 078099				
	90 Feet From The Korth Lin	e and 790 Feet From 1	The East				
Line of Section 13 To	wnship 27-M Range	13-W , NMPM, \$	en Juan County				
I. DESIGNATION OF TRANSPOR	TER OF OU. AND NATURAL GA	.s					
Name of Authorized Transporter of Oil Plateau, Inc.		Address (Give address to which approx P. O. Box 108, Farming)					
Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which approx					
El Paso Matural Gas C		P. O. Box 990, Farming Is gas actually connected? Whe					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 13W	Tes Tes					
	th that from any other lease or pool,	give commingling order number:					
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Designate Type of Completic		Mark David	I D D T D				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
	TUBING, CASING, AND	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	1.						
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-				
OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas lij					
Date First New Oil Adia To Tunks	Date of Your						
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF				
		<u> </u>					
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
Actual Prod. Test-MCF/D	Length of Test	Bols. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
/I. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION				
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. (Signature)		APPROVED SEP 5 1967, 19 By Original Signed by Emery C. Arnold TITLE SUPERVISOR DIST, #3 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 allow-					
				Administrative Clerk			
				(Title) August 31, 1967		able on new and recompleted we	ells.
				(Date)		well name or number, or transport	I. III, and VI for changes of owner, ten or other such change of condition.
						Separate Forms C-104 mus completed wells.	t be filed for each pool in multiply