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	SANTA FE		1			
	FILE		1	U		
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS	7			
	OPERATOR		1			
1.	PRORATION OFFICE					
	Operato:					
	Address					
	Reason(s) for filing (Check proper box					
	New We!l					
	Recompletion					
	Change in Ownership					

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR OPERATOR J	REQUEST	FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS				
I.	Operato:							
	Pan American Petroleum Corporation Address							
	Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership If change of ownership give name	Change in Transporter of: Oil Dry Gar Casinghead Gas Conden	Other (Please explain)	01				
	and address of previous owner							
IJ.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.							
	Morris Gas Com "B"	1 Basin Dako	ta State, Federa	ol or Fee Federal SF 079596				
	Unit Letter D : 1190 Feet From The North Line and 1190 Feet From The West							
	Line of Section 10 To	wnship 27-N Range	R-10W , NMPM,	San Juan County				
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent)							
	Name of Authorized Transporter of Car	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)						
	Southern Union Gathe	ring Company Unit Sec. Twp. Rge.	Box 398, Bloomfield, Is gas actually connected? Wh	New Mexico 87413				
	If well produces oil or liquids, give location of tanks.		Yes	August 2, 1970				
W.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA							
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
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 top allow-							
	OIL WELL 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.)							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Siže				
		Oil-Bbls.	Water - Bbis.	Gas-MCF				
	Actual Prod. During Test	Oli-Bbis.		1 All 1 S. R. 1979				
	GAS WELL			CIL SCH SON				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Cravity of Condensary. DIST. 3				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI.	ERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
	Campian have been complied to	regulations of the Oil Conservation with and that the information given	APPROVED AUG 28 1970 By Original Signed by Emery C. Arnold					
above is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED AT			TITLE SUPERVISOR DIST. #3					
	L. R. Turner			compliance with RULE 1104.				
	,C:		If this is a request for allo	wable for a newly drilled or deepened anied by a tabulation of the deviation				

VI.

(Signature)
Administrative Assistant
(Title)
August 27, 1970
(Date)

well, this form must be accompanied by a tabulation of 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.