0

	NO. OF COPIES RECEIVED  DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OPERATOR  OPERATOR  2	REQL	JEST FOR AL AND	NSERVATION COMMISSION  OR ALLOWABLE  AND  SPORT OIL AND NATURAL GAS				
I	PROPATION OFFICE Operator PAN AMERICAN PETROLEUM CORPORATION							
	P. O. Box 480, Farmington, New Mexico							
	Reason(s) for filing (Check proper box)				Other (Please explain)			
	Recompletion Change in Ownership	Oil	=	Ory Gas	To have w	ell reconnecte	ıd.	
	If change of ownership give name and address of previous owner							
11	. DESCRIPTION OF WELL A	ND LEASE						
	Lease Name  2. H. Pipkin	Well No	Pool Name, Includ			nd of Lease te, Federal or Fee	Legse No.	
	Location Unit Letter	990 Feet Fr	W-mbl.		990	7_		
	Line of Section 1	1 661 11		Line and	· · · · · · · · · · · · · · · · · · ·	The	ıst	
111				11 West	, NMPM,	San Juan	County	
111	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sen:)							
	Name of Authorized Transporter of	Casinghead Gas	or Dry Gas 🛣			sich approved copy of th	,	
	Southern Union Gas C	ощрану		P. O.		loomfield, New		
	If well produces oil or liquids, give location of tanks.	Unit	c. Twp. Rg€	Is gas ac	tually connected?	when d February 10,		
IV.	If this production is commingled. COMPLETION DATA	with that from a	ny other lease or p				190/	
	Designate Type of Compl	etion - (X)	Oil Well Gas We	ell New Well	Workover D	eepen Plug Back	Same Resty. Diff. Resty.	
	Date Spudded <b>4-24-51</b>		Ready to Prod20-51	Total Dep	oth .	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.	., Name of Prod	Name of Producing Formation		1720' Top Oil/Gas Pay		Tubing Depth	
	5733' GL Pictured Cliffs Perforations				1618'		705'	
	Open Hole 1637-1716' shot with 310 qt. Mitro					Depth Casi	ig Shoe	
	TUBING, CASING, AI HOLE SIZE CASING & TUBING SIZE				D CEMENTING RECORD			
	13-3/4"	10-3/4"			103'		ACKS CEMENT	
	9-7/8"	7"			1622'		70 125	
		1	10		1705'		••	
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 allowable for this death on he for this death on the forth of this death on the forth on the forth of this death of the forth of this death of the forth of this death of the forth of the							
	OII. WELL able for this depth or be for full 24 hours)							
	Date of Test			Producing	Producing Method (Flow, pump, eas lift, etc.)			
	Length of Test	Tubing Pressure		Casing Pr	Casing Pressure Charles Size			
	Actual Prod. During Test	Oil-Bbls.	Oil-Bbls.		Water-Bbls. MAY 1 8 196			
					MAY !	8 1961		
	GAS WELL				/ OIL C	ON. COM.		
	Actual Prod. Test-MCF/D  55 MGPD	Length of Tes	n 3-29-67	Bbls. Cond	densate/MMCF	Cavity of C	ondensate	
	Testing Method (pitot, back pr.)	Tubing Pressu	re(Shut-in)	Casing Pre	essure (Shut-in)	Choke Size		
	Back Pressure	475			475		3/8"	
vI.	CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION			
	I hereby certify that the rules ar	nd regulations of	the Oil Conservati	on APPRO	VED	3 - 12		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			en i				
		and better			TITLE PETROLEUM ENGINEER DIST. NO. 3			
	i Irmad Byı			TITLE				
				i I	This form is to be filed in compliance with RULE 1104.			
•	(Signature)			well, thi	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.			

Area Engineer
(Title)

May 17, 1967

VI.

(Date)

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.