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SANTA FE		1	
FILE		1	
U.S.G.S.		<u> </u>	
LAND OFFICE			
TRANSPORTER	OIL		
INANSPORTER	GAS	/	
OPERATOR		1	
BESS ATION OF	-ICE		

III.

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

FILE		AND	0.10
U.S.G.S.	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
OIL	Eff. 2-1-71		
TRANSPORTER GAS /	Pan American Cota	o. Corp	
OPERATOR /	has changel fit no	: අය : එස <sup>ි</sup>	
PRORATION OFFICE	AMOGO Deam	94.	
PAN AMERICAN PETE	ROLEUM CORPORATION		
Address	Paradastas Nov Mondas	97401	
Reason(s) for filing (Check proper both	e, Farmington, New Mexico	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	OII Dry Go	rs X	
Change in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F	ormation Kind of Lea	se Lease No.
Fred Feasel "E"		Pictured Cliffs State, Feder	
Location	1 Pulling Nucl	I TOPULCU VALLED	2002142 02 040303
	450 Feet From The South Lin	ne and <u>1800</u> Feet From	The West
Offic Letter			
Line of Section 32 To	ownship 28~N Range	10-W , NMPM,	San Juan County
T DECICE ATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of O	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
	Casinghead Gas or Dry Gas X	Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of C		Box 398, Bloomfield,	
Southern Union Gather	Unit Sec. Twp. Rge.		hen
If well produces oil or liquids, give location of tanks.		Yes	August2, 1970
If this production is commingled w.V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:  New We.1 Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Complet	cion - (X)	New West Workover Beepen	The same rise to
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date spanded			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
Periorations			
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			_i
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load or lepth or be for full 24 hours)	il and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date i not now out that to i am			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Oil · Bbls.	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oll-Bals.		
		<u> </u>	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
resting Method (publ., buck pr.)		•	
/I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
		APPROVED AUG 28	1970 19
I hereby certify that the rules are	d regulations of the Oil Conservation	\    \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Commission have been complied above is true and complete to f	i with and that the information given the best of my knowledge and belief.	BY	
		TITLE PETROLEUM ENC	GINEER DIST, NO. 3
orioinal Signed <b>e</b> n L. <b>R.</b> Turre			n compliance with RULE 1104.
L. In Later		sent to be a seminant for all	oweble for a newly drilled or deepene
(S:	gnature)	well this form must be accom-	panied by a tabulation of the deviation

## VI.

	(Signature)	
Administrative	Assistant	
TARRELLES CLACE VO	(Title)	

August 27, 1970

(Date)

tests taken on the well in accordance with RULE

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.