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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Eff. 2-1-71,  
Pan American Petro. Corp.  
has changed its name to  
AMOCO PROD. CO.

Operator <b>Pan American Petroleum Corporation</b>	
Address <b>Security Life Building, Denver, Colorado 80202</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Jennapah "A" Gas Com.</b>	Lease No. <b>1</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>H</b>	<b>1595</b>	Feet From The <b>North</b>	Line and <b>880</b>	Feet From The <b>East</b>
Line of Section <b>36</b>	Township <b>28N</b>	Range <b>9W</b>	NEPM, <b>San Juan</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Plateau Inc.</b>	<b>Box 108, Farmington, New Mexico</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Company</b>	<b>Box 990, Farmington, New Mexico</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>H</b>	Sec. <b>36</b>	Twp. <b>28N</b>	Rge. <b>9W</b>	Is gas metered? <b>No</b>	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Re	Diff. Res'tv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>9-7-65</b>	Date Compl. Ready to Prod. <b>10-3-65</b>		Total Depth <b>6571</b>		F.B.T.D. <b>6569</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5837 (RDB)</b>	Name of Producing Formation <b>Dakota</b>		Top Gas Pay <b>6400</b>		Tubing Depth <b>6463</b>			
Perforations <b>6525-34, 6548-57, 6442-72 with 4 shots per foot.</b>					Depth Casing Shoe <b>6571</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>13 3/4"</b>	<b>10 3/4"</b>		<b>328'</b>		<b>300</b>			
<b>9 7/8"</b>	<b>7 5/8"</b>		<b>2245'</b>		<b>600</b>			
<b>6 3/4"</b>	<b>4 1/2"</b>		<b>6571'</b>		<b>525</b>			
	<b>2 3/8"</b>		<b>6463'</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be produced at or above allowable for this depth or be for full 24 hours)

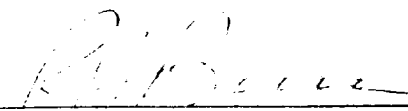
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D <b>3570</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure <b>289</b>	Casing Pressure <b>862</b>	Choke Size <b>3/4"</b>

VI. CERTIFICATE OF COMPLIANCE

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.

  
**R. H. Beers**  
(Signature)

**Administrative Assistant**

(Title)

**October 28, 1965**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 8 1965**, 19

BY **Original Signed 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 production tests taken on the well in accordance with RULE 1104.

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.