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SANTA FE FILE U.S.G.S. LAND OFFICE		1	
		/	\
TRANSPORTER	OIL		
	GAS	/	
OPERATOR		1	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

	TRANSPORTER GAS /	Pan American Petto has changed its name t	၁					
	OPERATOR /	has changed 103 co.						
	PRORATION OFFICE	AMUCO 2-						
1.	Operator							
	PAN AMERICAN PETROLEUM CORPORATION							
	Address							
	501	Airport Drive, Farmingt	on, New Mexico 87401					
	Reason(s) for filing (Check proper box	,	Other (Please explain)					
	New Well	Change in Transporter of:						
	Recompletion Oil Dry Gas X Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner							
11.	. DESCRIPTION OF WELL AND LEASE							
	Lease Name	Well No. Pool Name, Including Fo						
	Fred Feasel "L"	1 Basin Dakot	State, Fed	eral or Fee Federal SF 046563				
	Location							
	Unit Letter H ; 185	Feet From The North Lin	e andFeet Fro	m The East				
	Line of Section 32 Tov	vnship 28N Range	10W , NMPM,	San Juan County				
			_					
III.		TER OF OIL AND NATURAL GA		round come of this form is to be a live of				
	Name of Authorized Transporter of Cil	or Condensate	Address / Give address to which app	proved copy of this form is to be sent)				
	Name of Authorized Transporter of Cas		!	proved copy of this form is to be sent)				
	Southern Union Gath		Box 398, Bloomfield,					
	If well produces oil or liquids,	Unit Sec. Twp. Pige.		When				
	give location of tanks.		Yes	August 2, 1970				
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well						
	Designate Type of Completic		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.				
	Designate Type of Completic							
	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				
		<u> </u>		Depth Casing Shoe				
	Perforations			Depth Casing Shoe				
			CEMENTING RECORD	2.242.2545				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
			<u> </u>					
			1					
			·					
			<u> </u>					
V.		EST 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 depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)				
	Date First New Oil Hun To Tanks	Date of Yest	Producting Marinea (1 1000, pamp), god	, in the 1				
	· · · · · · · · · · · · · · · · · · ·	Tubing Pressure	Casing Pressure	Choke Size				
	Length of Test	I uping Pressure	Casing Pressure	Choice Size				
		Oil-Bbls.	Water-Bbis.	Gas - MCF				
	Actual Prod. During Test	OII-BBIS.	Auffel - Drie'	Gda-MCF				
			<u></u>					
				0!ST. 3				
	GAS WELL	I	Phila Carl 1 Carl 2					
	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				
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSERVATION COMMISSION					
			ALIC 2 8 1970					
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED AUG 28 1970					
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by Emery C. Arnold					
	above is true and complete to the	best of my knowledge and beilel.	01					
			SUPERVISOR DIST. #3					

ORIGINAL SIGNED BY L. R. Turner

(Signature)

Administrative Assistant

(Title)

August 27, 1970

(Date)

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 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.