NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Eff. 2-1-71, Corp. Pan American Petro. LAND OFFICE OIL TRANSPORTER has changed its name to GAS AMOGO PROD. CO. OPERATOR PRORATION OFFICE Cperator Pan American Petroleum Corporation Address Security Life Building, Denver, Colorado 80202 Reason(s) for filing (Check proper box) Other (Please explain) Hame Change: Change in Transporter of: New Well Previously - V. W. McManus #1 Dry Gas Recompletion Casinahead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE ease No. Well No. Fool Name, Including Formation State, Federal or Fee Pederal Basin Dakota 8 Gallegos Canyon Unit Location ; 1065 Feet From The South Line and 890 Feet From The Unit Letter 28M 12W , NMPM, San Juan 22 Township Ranje Line of Section III. 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 sent) Name of Authorized Transporter of Oil Box 108, Farmington, New Mexico Plateau, Inc. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas 🛣 Box 990, Farmington, New Mexico El Paso Matural Gas Company F.ge. Sec. Twp. If well produces oil or liquids, 22 28N 12W Mot available give location of tanks M Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Workover Deepen Plug Back Gas Well New Wel. Oil Well $\label{eq:Designate Type of Completion - (X)} Designate Type of Completion - (X)$ P.B.T.D. Total Denth Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Ebla. Oil-Bbls. Actual Prod. During Test . i. i. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casina Pressure Testing Method (pitot, back pr.) Tubing Pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED FEB 3 1966 Original Signed Emery C. Armic

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.

ORIGINAL	SIGNED BY
D. I. TOLLEFSON	

D. I. Tollefson

BY

TITLE -

completed wells.

(Signature)

Administrative Assistant

February 1, 1966

(Title)

(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.

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened

Supervisor Dist. # 3

County

٧.

Separate Forms C-104 must be filed for each pool in multiply