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	10. OF COPIES RECEIVED	5						
	DISTRIBUTION		NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104			
	SANTA FE	/		FOR ALLOWABLE	Supersedes Old C-104 and C-110			
	FILE	/ _		AND	Effective 1-1-65			
	u.s.g.s.		AUTHORIZATION TO TRA Eff. 2-1-71, Con Fan American Petro. Con Changed its name to Changed moon. Co.	NSPORT OIL AND NATURAL G	AS			
	LAND OFFICE		2-1-71,	ma.				
	TRANSPORTER OIL		Eff. Petro. Co.	9 1 A.				
	GAS	/ -	American its name	•				
_	PRORATION OFFICE		Pan American Petro. Co. has changed its name to the changed PROD. CO.					
1.	Operator		has changed its hoo. co.					
	Pan American Pe	trole	_					
	Ad iress							
	Security Life Buil	lding	, Denver, Colorado - 8	0202				
	Reason(s) for filing (Check proj	per box)		Other (Plause explain)				
	New Well		Change in Transporter of:					
	Recompletion		Oil Dry Gas					
	Change in Ownership		Casinghead Gas Conden	sate				
	If change of ownership give name							
	and address of previous owner	er			#			
11	DESCRIPTION OF WELL	AND	FACE					
11.	Lease Name	AND	Lease No. Well No. Pool Nam	ne, Including Formation	Kind of Lease			
	Gallegos Canyon	Unit	E-5462 197 Ba	asin Dakota	State, Federal or Fee State			
	Location							
	Unit Letter J ;	221	0 Feet From The South Line	e and 1820 Feet From T	he <u>Fast</u>			
	Line of Section 36	Tow	nship 29N Flange 1.	3W , NMPM, San Ju	an County			
717	DECIONATION OF TOANS	דמסמי	CED OF OH AND MATHEAT CA	e				
111.	Name of Authorized Transporter	r of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)			
	Plateau, Inc.		_	Box 108, Farmington,	New Mexico			
	Name of Authorized Transporter	r of Cas	inghead Gas or Dry Gas	Address (Give address to thick approv	ed copy of this form is to be sent)			
	El Paso Natural	Gas	Co.	Box 990, Farmington,	New Mexico			
	If well produces oil or liquids,		Unit Sec. Twp. Rge.	Is gas actually no wested? Whe				
	give location of tanks.		ј ј 36 29N 13W	No				
	If this production is comming	led wit	h that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA				Internal Company Date Date Description			
	Designate Type of Con	npletio	n - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
	Date Spudded		Date Compl. Ready to Prod.	X ! Total Depth	P.B.T.D.			
	•			6077	6042			
	10/26/65 Elevations (DF, RKB, RT, GR,	etc.i	11/21/65 Name of Producing Formation	Top Cil/Cas Pay	Tubing Depth			
	5503 RDB, 5490 (Dakota	5871	5883			
	Perforations				Depth Casing Shoe			
	5871-89, 5954-70, 5988-6002							
			TUBING, CASING, AND	CEMENTING RECORD				
	HOLESIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"		8-5/8"	356	215			
	7-7/8"		4-1/2"	6077 5883	1500			
		 	2-3/8"	5883				
٠.	mricer pama and profit		DD ATTOWARTE (T					
٧.	TEST DATA AND REQUE	EST F	JR ALLOWABLE (1 est must be a) able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-			
	Date First New Oil Run To Tai	nks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)			
					CCEUA			
	Length of Test		Tubing Pressure	Casing Pressure	Choke			
					/ KLULIYLD /			
	Actual Prod. During Test		Oil-Bbls.	Water-Bbis.	Gd -MCF			
					DEC 1 5 1965			
OIL CON. CO								
	GAS WELL Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of CDIST 3			
			3 Hrs.	Bala. Condensate Minicipal	G. G. S.			
	11,717 Testing Method (pitot, back pro	.)	Tubing Pressure	Casing Pressure	Choke Size			
	Back Pressure		897	1762	3/4"			
vi	CERTIFICATE OF COMP	T TANG	TF -	OU CONSERVA	TION COMMISSION			
V 4.	CERTIFICATE OF COMP	DIAM	, E	OIL CONSERVA	010 1 6 1935			
	I hereby certify that the rule	hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		The state of the s						
	above is true and complete	to the	best of my knowledge and belief.					
TITLE SEVER LIVE PROMETER DIST NO					HORNER DIST NO 3			
C	D. I. Tollefson If this is a request for allowable for a newly drilled or deepened							
	<u> </u>	(Signa		well, this form must be accomparteets taken on the well in accord	nied by a tabulation of the deviation			
	Administrative A	ssist	ant	11 -	st be filled out completely for allow-			
		\ (Tit	le)	able on new and recompleted we	lis.			
	December 9, 196			Fill out only Sections I, II,	. III, and VI for changes of owner, ea, or other such change of condition.			
		(De	:01	well in the or August, or trunsports	be filed for each pool in multiply			
				generate Forms C-104 must	be thed for each poor in marcipity			