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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION

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

AUTHORIZATION OF LEASE NAME CHANGE

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

I.

| | |
|--|--|
| Operator | |
| PAN AMERICAN PETROLEUM CORPORATION | |
| Address | |
| Security Life Building Denver, Colorado | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> |
| Lease Name Change | |
| Previously: | |
| Skelly Fed. No. 1 Gas Unit #1 | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|-----------|----------|---------------------|-----------------------|
| Lease Name | Lease No. | Well No. | Basin | State, Federal or Fee |
| Skelly Gas Com | | 1 | Basin Dakota | Federal |
| Location | | | | |
| Unit Letter | A | 815 | Feet From The North | 890 |
| Line of Section | 32 | Township | 29N | 10W |
| San Juan | | | | 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) | |
| Plateau, Inc. | | Box 108, Farmington, New Mexico | |
| 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) | |
| El Paso Natural Gas Company | | Box 990, Farmington, New Mexico | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. |
| | A | 32 | 29N |
| | | | 10W |
| | | | Yes |
| | | | Not Available |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|----------|--------------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 | | | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of test volume of load oil and must be equal to or exceed top 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 - MCF |
| RECEIVED OCT 11 1965 OIL CON. COM. DIST. 3 | | | |
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |

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.

OIL CONSERVATION COMMISSION

APPROVED OCT 11 1965

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 deviation
from the well in accordance with RULE 111.This form must be filled out completely for allow-
able for newly completed 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.

Administrative Assistant

September 30, 1965

(Date)