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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

Form C-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.

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's	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name	State of Lease	Fee
<b>Gallegos Canyon No. 142 Unit</b>	<b>1</b>	<b>1</b>	<b>Basin Dakota</b>	State, Federal or Fee	

Location

Unit Letter	<b>0</b>	<b>790</b>	Feet From The	<b>South</b>	Line	<b>1525</b>	County	<b>East</b>
Line of Section	<b>25</b>	Township	<b>29N</b>	Range	<b>12W</b>	County	<b>San Juan</b>	

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 (If different from above, give address of this form is to be sent)
<b>Graves Oil Company</b>				<b>P. O. Box 2077, Farmington, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (If different from above, give address of this form is to be sent)
<b>El Paso Natural Gas Company</b>				<b>P. O. Box 990, Farmington, New Mexico</b>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	County	State
	<b>0</b>	<b>25</b>	<b>29N</b>	<b>12W</b>	<b>Yes</b>	<b>Not Available</b>

If this production is commingled with that from any other lease or pool, give name and address of other lease or pool

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Water Well	Other	Flow Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Test Depth	Flow Back	Same Res't.	Diff. Res't.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Test Depth	Flow Back	Same Res't.	Diff. Res't.		
Perforations	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING							
HOLE SIZE	CASING & TUBING SIZE	DEPTH			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of 10% volume of sand oil and must be equal to or exceed top allowable for this depth to be for sale of the test)

Date First New Oil Run To Tanks	Date of Test	Producing (to and from pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gravity of Condensate

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Boils - Condensate/MCF/D	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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SEP 28 1965  
OIL CON. COM.  
DIST. 3

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.

(Signature) \_\_\_\_\_

**Administrative Assistant**  
(Title)

**September 27, 1965**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **SEP 28 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 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.