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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRORATION OFFICE		
OPERATOR		

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico   **May 7, 1964**
(Place)   (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS

Pan American Petroleum Corporation-Gallegos Canyon Nos. 160 Unit, Well No. **1**, in **NE** ¼ **SE** ¼,
(Company or Operator)   (Lease)

I, Sec **27**, T **29 N**, R **12 W**, NMPM., **Basin Dakota** Pool
Unit Letter

San Juan County. Date Spudded **April 14, 1964** Date Drilling Completed **April 21, 1964**

Elevation **5384 (RDB)**   Total Depth **6032**   PBTD **5997**

Top Oil/Gas Pay **5856**   Name of Prod. Form. **Dakota**

PRODUCING INTERVAL — **5936-60 and 5972-84 with 2 shots per foot.**
5856-68 with 4 shots per foot

Perforations

Open Hole **None**   Depth Casing Shoe **6032**   Depth Tubing **5889**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I X
M	N	O	P

1850 FSL and 1190 FEL
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	349	250
4 1/2"	6062	1600
2 3/8"	5909	

OIL WELL TEST —

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST —

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **10,000** MCF/Day; Hours flowed **3**

Choke Size **3/4** Method of Testing: **Pitot Tube**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **73,020 Gallons water and 70,000 lb. sand.**

Casing Press. **1625**   Tubing Press. **775**   Date first new oil run to tanks **Shut In**

Oil Transporter **Plateau Inc.**

Gas Transporter **El Paso Natural Gas Company**

Remarks: **Well completed May 3, 1964 as Basin Dakota Field Development Well.**
Copies of Deviation survey are attached.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **MAY 13 1964** 19 _____

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

Pan American Petroleum Corporation
(Company or Operator)

By: _____ (Signature)

Title **Administrative Clerk**

Send Communications regarding well to:

Name **Pan American Petroleum Corporation**

Address **P. O. Box 480, Farmington, New Mexico**

TABULATION OF DEVIATION TESTS
PAN AMERICAN PETROLEUM CORPORATION
GALLEGOS CANYON NO. 160 UNIT NO. 1

DEPTH	DEVIATION
359'	1/4°
788'	1/4°
1185'	1/2°
1586'	1/2°
1979'	1/2°
2469'	3/4°
2829'	1/4°
3244'	1/2°
3813'	1/4°
4214'	1/2°
4722'	3/4°
5296'	1/4°
5541'	1/4°
5884'	3/4°
6030'	1°

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on PAN AMERICAN PETROLEUM CORPORATION'S Gallegos Canyon No. 160 Unit No. 1, Basin Dakota Field located in the NE/4 SE/4 of Section 27, T-29-N, R-12-W, San Juan County, New Mexico.

Signed _____
~~District~~   Petroleum Engineer

THE STATE OF NEW MEXICO)
) SS.
COUNTY OF SAN JUAN   )

BEFORE ME, the undersigned authority, on this day ~~District~~ ly appeared **Fred L. Nabers**_____ known to me to be __Petroleum__ __Engineer__ for Pan American Petroleum Corporation and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this __**11th**__ day of __**May**_____, 1964.

_____
Notary Public