									,					
N.	O. OF COPIES RECEIVED	j												
	DISTRIBUTION		<u>'</u>	NEW MEXICO OIL CONSERVATION COMMISSION					Form C 104					
SA	NTA FE					FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-11					
FIL		1.		KE40E01 1			AND			Effective 1-1-65				
U.9	S.G.S.	1	ALIT	HORIZATION	N TO TRA		N AND N	ATURAL G	45					
	ND OFFICE		A01				AIL AID II	ATORAL OF						
	011	- 1		Eff. 2-	1-71,	loma:								
rR	RANSPORTER	s /		American	Petro. ')01 % 4								
OP	PERATOR	/	Pan	Amer road	its name	UU								
∎ PR	RORATION OFFICE		has	Pan American Petro. has changed its name to has changed PROD. CO.										
Ope	Operator													
İ	PAN AMERICAN PETROLEUN CORPORATION													
Add	Address													
	Security Life	o Buil	ding, Dom	rer, Color	:a60									
Rea	ison(s) for filing (Chec	k proper	box)				Other (Please explain)							
New	w Well		Chang	e in Transporter	of:									
Red	completion		Oil		Dry Ga	==								
Cha	inge in Ownership		Casino	ghead Gas	Conden	sate 🗶	· · · · · · · · · · · · · · · · · · ·							
Leo Ga	SCRIPTION OF W rise Name 11eges Caryon		ID LEASE	Well N		me, Including			Kind of Leas State, Feder	se al or Fee	deral			
-	cation		1040	W .		44	10		. Task					
1	Unit Letter	;	Feet	From The	Lin Lin	e and	149	_ Feet From T	ne sas t					
	Line of Section 28		Township 2		Range 1	2W	, NMPM,	San Ju	en.		County			
	Line of Section	<u>-</u>	10wiiship		- rearrage									
III DE	SIGNATION OF T	RANSPO	ORTER OF O	II. AND NAT	TURAL GA	s								
Na	me of Futhorized Tran	sporter of	Oil 🔲 o	r Condensate		Address (G	ive address to	which approv	ed copy of thi	s form is to be	e sent)			
GE	aves 011 Comp	227				7. 0. 1	lex 2077,	Farming	ton, Nov	Mexico				
Nai	me of Authorized Tran	sporter of	Casinghead Gas	or Dry	Gas 📗	Address (G	ive address to	which approv	ed copy of the	s form is to be	e sent)			
121	Paso Natural	Ges C	ann any			P. O. Box 990, Farmington,				Max1ee				
	well produces oil or lie		Unit Sec. Twp. Rge.			Is gas actually connected? When								
	re location of tanks.	quius,	. .	28 291	1 120	X	15	1	2-8-64					
	nis production is co		with that from											
	Designate Type o		etion - (X)	Oil Well	Gas Well 	New Well	Workover	Deepen	Plug Back	Same Res'v.	' Diff. Hes'v. 			
Da	Date Spudled Date Compl. Ready				o Prod. Total Depth			P.B.T.D.						
_	Pool Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth				
1 20	901		Traine or r	traine of Froducting Formation										
Pe	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 total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL	able	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.	OFFIVED			
GAS WELL			Graffin of Condensate			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Greatey of Condensate			

Choke prof. 3 Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure

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.
· - -
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(Signature)
Administrative Assistant
September 27, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 2 8 1965 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 Sections I, II, III, and VI only 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.