NO. OF COPIES RECE	5		
DISTRIBUTIO			
SANTA FE	1		
FILE			
U.S.G.S.			
LAND OFFICE		T'	
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			
PRORATION OF	ICE		
Operator			
PAN AMERIC	an Pi	TIM	
Address	-		
Security I	ife I	lud l	dir
Reason(s) for filing	(Check	prope	box,
New Well			

ſ	NO. OF COPIES RECEIVED			
-	DISTRIBUTION	NEW MEXICO OU	ONSERVATION COMMISSION	Form C-104
-	SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-110
-	FILE	KEQUEST.	AND	Effective 1-1-65
-	U.S.G.S.	AUTHODIZATION TO TR	WISDODT OIL AND NATURA	J GAS
-	LAND OFFICE	AUTHORIZATION FO TRANSPORTED TO TRANSPORTED TO THE PROPERTY OF	to	,
ļ.	OIL /	orican its name	Ç o	
	TRANSPORTER GAS /	Pan America 100 co.		
ŀ	OPERATOR	has change Prop		
ī.	PRORATION OFFICE	Pan American its name has changed prop. co.		
1.	Operator			
	PAN AMERICAN PETRO	Kum Corporation		
Ì	Address			
		ing, Denver, Colorado		
Ī	Reason(s) for filing (Check proper		Other (Please explain)	
	1:ew Well	Change in Transporter of:		
	Recompletion	Oil Dry G		
	Change in Ownership	Casinghead Gas Conde	nsate 🖺	
	If change of ownership give nam	e		
	and address of previous owner _			
II.	DESCRIPTION OF WELL AN	Well No. Pool N	ame, Including Formation	Kind of Lease
	Galleges Casyon Unit	150 Bas	in Dakota	State, Federal or Fee
	Location			
		Feet From The South L	ne andFeet F	rom The West
	Unit Letter;;			
	Line of Section 22 ,	Township 291 Range	, NMPM,	County
III.	DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	AS	approved copy of this form is to be sent)
	Name of Authorized Transporter of	Oil or Condensate		
				In-the West Martins
	Graves 011 Company	- Du G	P. O. Box 2077, Parm	ington, New Mexico
	Name of Authorized Transporter of		Address (Give address to which	approved copy of this form is to be sent)
	Name of Authorized Transporter of El Pase Hatural Gas	ionpaty	Address (Give address to which of	approved copy of this form is to be sent)
	Name of Authorized Transporter of El Pase Natural Gas (If well produces oil or liquids,	Unit Sec. Twp. Rge.	Address (Give address to which	ington, New Marico
	Name of Authorized Transporter of B1 Pase Natural Gas If well produces oil or liquids, give locat on of tanks.	Unit Sec. Twp. Rge.	Address (Give address to which a P. O. Box 990, Passe Is gas actually connected?	ington, New Marico When 12-2-64
13/	Name of Authorized Transporter of B1 Pase Hatural Gas (If well produces oil or liquids, give locat on of tanks. If this production is commingled.	Unit Sec. Twp. Rge.	Address (Give address to which a P. O. Box 990, Passe Is gas actually connected?	ington, New Mexico When 12-2-64
IV.	Name of Authorized Transporter of B1 Pase Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA	Unit Sec. Twp. Rge. 22 29 12W with that from any other lease or pool	Address (Give address to which a P. O. Box 990, Passe Is gas actually connected?	ington, New Mexico When 12-2-64
IV.	Name of Authorized Transporter of B1 Pase Hatural Gas (If well produces oil or liquids, give locat on of tanks. If this production is commingled.	Unit Sec. Twp. Rge. 22 29 12W with that from any other lease or pool	Address (Give address to which of the second	ington, New Markeo When 12-2-64 : Plug Back Same Res'v. Diff. Res'v.
IV.	Name of Authorized Transporter of B1 Pase Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA	Unit Sec. Twp. Rge. 22 29 12W with that from any other lease or pool	Address (Give address to which of the state	ington, New Mexico When 12-2-64
IV.	Name of Authorized Transporter of B1 Pase Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Completion	with that from any other lease or pooletion $-(X)$	Address (Give address to which of the control of th	ington, New Markee When 12-2-64 Plug Back Same Res'v. Diff. Res'v.
IV.	Name of Authorized Transporter of B1 Pase Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Completion	with that from any other lease or pooletion $-(X)$	Address (Give address to which of the second	ington, New Markeo When 12-2-64 : Plug Back Same Res'v. Diff. Res'v.
IV.	Name of Authorized Transporter of B1 Page Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded	with that from any other lease or pooletion — (X) Date Compl. Ready to Prod.	Address (Give address to which of the control of th	Ington, New Markee When 12-2-64 Plug Back Same Res'v. Diff. Res'v.
IV.	Name of Authorized Transporter of B1 Page Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded	with that from any other lease or pooletion — (X) Date Compl. Ready to Prod.	Address (Give address to which of the control of th	ington, New Markee When 12-2-64 Plug Back Same Res'v. Diff. Res'v.
IV.	Name of Authorized Transporter of B1 Page Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Completion Spudded Pool	With that from any other lease or pooletion — (X) Date Compl. Ready to Prod. Name of Producing Formation	Address (Give address to which of the control of th	Ington, New Markee When 12-2-64 Plug Back Same Res'v. Diff. Res'v.
IV.	Name of Authorized Transporter of B1 Page Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations	Unit Sec. Twp. Rge. 22 29 12 12 12 12 12 12 12 12 12 12 12 12 12	Address (Give address to which to the second	Ington, New Markee When 12-2-64 Plug Back Same Res'v. Diff. Res'v.
IV.	Name of Authorized Transporter of B1 Page Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Completion Spudded Pool	With that from any other lease or pooletion — (X) Date Compl. Ready to Prod. Name of Producing Formation	Address (Give address to which of the control of th	Ington, New Marico Men 12-2-44
IV.	Name of Authorized Transporter of B1 Page Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations	Unit Sec. Twp. Rge. 22 29 12 12 12 12 12 12 12 12 12 12 12 12 12	Address (Give address to which to the second	Ington, New Marico Men 12-2-44
IV.	Name of Authorized Transporter of B1 Page Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations	Unit Sec. Twp. Rge. 22 29 12 12 12 12 12 12 12 12 12 12 12 12 12	Address (Give address to which to the second	Ington, New Marico Men 12-2-44
IV.	Name of Authorized Transporter of B1 Page Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations	Unit Sec. Twp. Rge. 22 29 12 12 12 12 12 12 12 12 12 12 12 12 12	Address (Give address to which to the second	Ington, New Marico Men 12-2-44
IV.	Name of Authorized Transporter of B1 Page Natural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations HOLE SIZE	with that from any other lease or pool etion - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AI CASING & TUBING SIZE	Address (Give address to which to P. O. Box 990, Parallel P. D. Box 990, Paral	Ington, New Markee When 12-2-64 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
IV.	Name of Authorized Transporter of B1 Page Hatural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUES OIL WELL	Unit Sec. Twp. Rge. 22 29 12 12 12 12 12 12 12 12 12 12 12 12 12	Address (Give address to which to P. O. Box 990, Parallel P. D. Box 990, Paral	Ington, New Markee When 12-2-64 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
IV.	Name of Authorized Transporter of B1 Page Hatural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complement of Com	Unit Sec. Twp. Rge. 22 29 12 12 12 12 12 12 12 12 12 12 12 12 12	Address (Give address to which to P. O. Box 990, Parallel P. D. Box 990, Paral	Ington, New Markee When 12-2-64 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
IV.	Name of Authorized Transporter of B1 Page Hatural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUES OIL WELL	Unit Sec. Twp. Rge. 22 29 12 12 12 12 12 12 12 12 12 12 12 12 12	Address (Give address to which to be a see	Ington, New Market Ington, New Market When 12-2-44 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT and oil and must be equal to or exceed top allowers as lift, etc.)
IV.	Name of Authorized Transporter of B1 Page Hatural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUES OIL WELL	Unit Sec. Twp. Rge. 22 29 12 12 12 12 12 12 12 12 12 12 12 12 12	Address (Give address to which to P. O. Box 990, Parallel P. D. Box 990, Paral	Ington, New Markee When 12-2-64 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
IV.	Name of Authorized Transporter of B1 Pase Hatural Gas (If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tanks Length of Test	with that from any other lease or pool etion — (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, A CASING & TUBING SIZE TFOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure	Address (Give address to which to P. O. Box 990, Parallel P. D. Box 990, Paral	Ington, New Market Ington, New Market When 12-2-44 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT and oil and must be equal to or exceed top allowers as lift, etc.)
IV.	Name of Authorized Transporter of B1 Page Hatural Gas If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tanks	Unit Sec. Twp. Rge. 22 29 12 12 12 12 12 12 12 12 12 12 12 12 12	Address (Give address to which to be a see	Ington, New Market Ington, New Market When 12-2-44 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT and oil and must be equal to or exceed top allowers as lift, etc.)
IV.	Name of Authorized Transporter of B1 Pase Hatural Gas (If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tanks Length of Test	with that from any other lease or pool etion — (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, A CASING & TUBING SIZE TFOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure	Address (Give address to which to P. O. Box 990, Parallel P. D. Box 990, Paral	Ingreen, New Mexico When 12-2-44 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT Choke Size Gas MFF-VI
IV.	Name of Authorized Transporter of B1 Pase Hatural Gas (If well produces oil or liquids, give locat on of tanks. If this production is commingled COMPLETION DATA Designate Type of Complete Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tanks Length of Test	with that from any other lease or pool etion — (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, A CASING & TUBING SIZE TFOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure	Address (Give address to which to P. O. Box 990, Parallel P. D. Box 990, Paral	Ington, New Market Ington, New Market When 12-2-44 Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT and oil and must be equal to or exceed top allowers as lift, etc.)

Length of Test Bbls. Condensate/MMCF

oil Condensation. Actual Prod. Test-MCF/D Chore Siz DIST. 3 Casing Pressure Tubing Pressure Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION

APPROVED_

BY

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.

Comments of the comments of th				
Adminis	trativ	e Assi	(Signature)	
Septemb	er 27,	1965	(Title)	

(Date)

TITLE Supervisor Dist. # 9

SEP 2 8 1965

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.

Original Signed Emery C. Arnold

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.