NO. OF COPIES RECEIVED 5	ļ				
DISTRIBUTION	1				Form C-104
DECLIEST FO			VISERVATION COMMISSION		Supersedes Old C-104 and C-11
SANTA FE /	TAFE / REQUEST F				Effective 1-1-65
FILE //			AND		
U.S.G.S.	AUTHORIZA	TION TO TRA	ISPORT OIL AND NATUR	RAL GAS	
LAND OFFICE	Eff. 2-1- Eff. 2-1- Pan American Fe	-11			
OIL /	-ce 2-1-	Corp.			
TRANSPORTER GAS /	EII can Pe	etro.			
OPERATOR .	Don American it	s namo			
PRORATION OFFICE	Pan American Pe has changed it has changed PRO	D. CO.			
Crerator Crerator	pan America it has changed it AMOCO PRO	And			
PAN APERICAN PRINCE	KIM CORPORATI				
Address Security Life Build	ling, Denver, C	lezade			
Reason(s) for filing (Check proper box			Other (Please explain	n)	
New Well	Change in Transp	porter cf:			
	Oil	Dry Gas	,		
Recompletion	Casinghead Gas	Conden	sate 🔼		
Change in Ownership					
If change of ownership give name					
and address of previous owner					 -
DESCRIPTION OF WELL AND	LEASE	Well No Pool Nar	ne, Including Formation	Kind	of Lease
Lease Name Gallages Casyon Unit		151 Bas	in Dakota	State,	Federal or Fee Federal
Garrages carried and					
Location	A E	North	1565	. E en -	East
Unit Letter;;	Feet From The	Lin	e and Fee	t From The	
	291		124 Sa	a Juan	County
Line of Section , To	ownship	Range	, NMPM,		
DESIGNATION OF TRANSPOR	TER OF OIL AND	NATURAL GA	Address (Give address to which	h approved cop	y of this form is to be sent)
Name of Authorized Transporter of O	il or Condens	sate	P. O. Box 2077, Fa	smington,	How Mexico
Graves Gil Company			Address (Give address to which		
Name of Authorized Transporter of C	-	Dry Gas	P. O. Box 990, Far	m approved cop	Mess Newise
El Paso Matural Gas Co	mb cos				
liquide		Twp. Rge.	Is gas actually connected?	When 12-1	-64
If well produces oil or liquids, give location of tanks.	G 21	29W 12W	Yes		
If this production is commingled w	with that from any other	er lease or pool,	give commingling order numb		
. COMPLETION DATA				oer:	
					Back Same Restv. Diff. Rest
	Oil Wel				Back Same Res'v. Diff. Res'
Designate Type of Complet	tion = (X)	Gas Well	New Well Workover De	epen Plug	1
Designate Type of Complet		Gas Well		epen Plug	Back Same Res'v. Diff. Res'
	tion = (X)	Gas Well	New Well Workover De	epen Plug	T.D.
Date Spud-led	tion = (X)	Gas Well	New Well Workover De	epen Plug	1
	Date Compl. Ready	Gas Well	New Well Workover De	P.B.	T.D.
Date Spudiled	Date Compl. Ready	Gas Well	New Well Workover De	P.B.	T.D.
Date Spud led	Date Compl. Ready	Gas Well	New Well Workover De	P.B.	T.D.
Date Spudiled	Date Compl. Ready Name of Producing	to Prod.	New Well Workover De Total Depth Top Oil/Gas Pay	P.B.	T.D.
Date Spud-led Pool Perforations	Date Compl. Ready Name of Producing	to Prod. Formation	New Well Workover De	P.B.	T.D.
Date Spudiled	Date Compl. Ready Name of Producing	to Prod.	New Well Workover De Total Depth Top Oil/Gas Pay D CEMENTING RECORD	P.B.	T.D. Ing Depth Casing Shoe
Date Spud-led Pool Perforations	Date Compl. Ready Name of Producing	to Prod. Formation	New Well Workover De Total Depth Top Oil/Gas Pay D CEMENTING RECORD	P.B.	T.D. Ing Depth Casing Shoe
Date Spudded Pool Perforations	Date Compl. Ready Name of Producing	to Prod. Formation	New Well Workover De Total Depth Top Oil/Gas Pay D CEMENTING RECORD	P.B.	T.D. Ing Depth Casing Shoe
Date Spudded Pool Perforations	Date Compl. Ready Name of Producing	to Prod. Formation	New Well Workover De Total Depth Top Oil/Gas Pay D CEMENTING RECORD	P.B.	T.D. Ing Depth Casing Shoe
Date Spud led Pool Perforations HOLE SIZE	Date Compl. Ready Name of Producing TUBIN CASING & T	to Prod. Formation NG, CASING, AN UBING SIZE	New Well Workover De Total Depth Top Oil/Gas Pay Dementing RECORD DEPTH SET	P.B. Tub:	T.D. Ing Depth Casing Shoe SACKS CEMENT
Date Spud led Pool Perforations HOLE SIZE	Date Compl. Ready Name of Producing TUBIN CASING & T	to Prod. Formation NG, CASING, AN UBING SIZE	New Well Workover De Total Depth Top Oil/Gas Pay DEPTH SET after recovery of total volume of	P.B. Tub:	T.D. Ing Depth Casing Shoe SACKS CEMENT
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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)

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.