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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**PAN AMERICAN PETROLEUM CORPORATION**  
Address  
**Security Life Building, Denver, Colorado**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒  
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Gallegos Canyon Unit** Well No. **106** Pool Name, Including Formation **Basin Dakota** Kind of Lease **Fee**  
Location  
Unit Letter **A** ; **790** Feet From The **North** Line and **990** Feet From The **East**  
Line of Section **24** , Township **29N** Range **13W** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
**Graves Oil Company** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 2677, Farmington, New Mexico**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
**Pan American Gas Company** Address (Give address to which approved copy of this form is to be sent)  
**Security Life Building, Denver, Colorado**  
If well produces oil or liquids, give location of tanks. Unit **A** Sec. **24** Twp. **29N** Rge. **13W** Is gas actually connected? **Yes** When **Not Available**

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
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 OIL WELL (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)  
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-Bbbls. Water-Bbbls. Gas-Bbbls.  
GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbbls. Condensate/MMCF Gravity of Gas (lb./cu. ft.)  
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

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**  
**Supervisor Dist. # 3**  
TITLE  
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.