1.	PRORATION OFFICE Operator					1913	
	PAN AMERICAN PETROLEUM CORPORATION Address						
-	501 Airport Bri Reason(s) for filing (Check proper box	ve, Farmington, New Mex					
	New Well Recompletion	Other (Please explain) Change of status from water injection to producing.					
L	Change In Ownership	Casinghead Gas Cond	ensate				
a	change of ownership give name nd address of previous owner						
II. <u>I</u>	DESCRIPTION OF WELL AND						
	Mayajo Tribal "N"	Well No. Pool Name, Including Total Ca		Kind of Lease		Lease No.	
-	ocation	2 Totah Ga	Trab	State, Federa	cr Fee Fede	14-20-60 2198	
	Unit Letter A ; 810	O Feet From The North	ine and 660	Feet From T	The Ea :		
		00 **	14-W	6-			
	Line of Section 24 Tox	wnship 29-11 Range	, NMPM	i, 25	n Juan	County	
_	Zine of decitor.	nunge	, NMPM	4, 34	n Juan	County	
II. p	ESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS				
II. D	ESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS Address (Give address	to which approx	ed copy of this fo	orm is to be sent)	
	ESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Four Corners Pipeline	TER OF OIL AND NATURAL G or Condensate	AS Address (Give address P. O. Box 158	to which approv	ed copy of this fo	orm is to be sent) Mexico 87401	
	ESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G or Condensate	AS Address (Give address	to which approv	ed copy of this fo	orm is to be sent) Mexico 87401	
	ESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Four Corners Pipeline Name of Authorized Transporter of Cas f well produces oil or liquids,	TER OF OIL AND NATURAL G or Condensate Co. singhead Gas or Dry Gas Unit Sec. Twp. P.ge.	AS Address (Give address P. O. Box 158 Address (Give address Is gas actually connect.	to which approv 8, Farmin to which approv	ed copy of this for geometry of this for	orm is to be sent) Mexico 87401	
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VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

above to fide and complete to the best of my knowledge and better.
Orwithl Engaed By ,
$\omega\in \mathbb{N}_+$ JR.
(Signature)
Area Engineer
(Title)
May 21, 1968

(Date)

Choke Size

OIL CONSERVATION COMMISSION MAY 22 1968 APPROVED Original Signed by Emery C.

SUPERVISOR DIST. #3 TITLE .

Casing Pressure (Shut-in)

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 only Sections I, II, III, and VI 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.