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| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | 1 |
| OPERATOR | | 2 |
| PRODUCTION OFFICE | | |

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Eff. 2-1-71,
Pan American Petro. Corp.
has changed its name to
AMOCO PROD. CO.

| | | | |
|---|--------------------------|--|-----------------------|
| Operator | | PAN AMERICAN PETROLEUM CORPORATION | |
| Address | | Security Life Building Denver, Colorado | |
| Reason(s) for filing (Check proper box) | | | |
| New Well | <input type="checkbox"/> | Change in Transporter of: | Lease Name Change |
| Incompletion | <input type="checkbox"/> | Oil <input type="checkbox"/> | Previously: |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | State Gas Unit "U" #1 |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|-----------------|-----------|-----------------------|-------------------------------|
| Lease Name | Lease No. | Well Name | State of Lease |
| State Gas Com U | 1 | Aztec Pictured Cliffs | State |
| Location | | | |
| Unit Letter | H | 1695 Feet From The | North 1075 Feet From The East |
| Line of Section | 2 | Township | 29N 10W San Juan County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | |
|---|--|---|---------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> | or Condensate <input type="checkbox"/> | Address (in which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> | or Dry Gas <input checked="" type="checkbox"/> | Address (in which approved copy of this form is to be sent) | |
| El Paso Natural Gas Company | | Box 990, Farmington, New Mexico | |
| If well produces oil or liquids, give location of tanks. | Unit H | Sec. 2 | Twp. 29N |
| | | | 10W |
| | | | Yes |
| | | | Not Available |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|-------------------|--------------|--------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Cased | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | 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 - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 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.

Administrative Assistant

September 30, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 11 1965, 19

BY Original Signed Emery C. Arnold

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 taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable for 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.