

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRORATION OFFICE	

AUTHORIZATION

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: Lease Name Change
Recompletion ☐	Oil ☐ Previously:
Change in Ownership ☐	Casinghead Gas ☐ Stanolind State Gas Unit #1

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stanolind Gas Com	Lease No. 1	Well Name Blanco Mesavverde	County, Federal or State San Juan
Location			
Unit Letter G	1640	Feet From The North	1730
Line of Section 16	Township 30N	8W	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND CONDENSATE

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Box 108, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas ☐ or Flow Gas ☒	Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16	Twp. 30N	8W	Yes	When Not Available

If this production is commingled with that from any other lease, give name of other lease

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	Deepen	Flag Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	P.S.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tubing Depth				Depth Casing Shoe	
TUBING, CASING AND CEMENT 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)

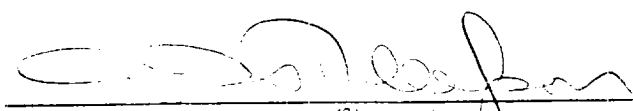
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.


(Signature)
Administrative Assistant
(Title)
September 30, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 11 1965, 19
BY Original Signed Emery C. Arnold
TITLE Supervisor Dist. # 3

This form is to be filed in compliance with RULE 1104.
If made a request for allowable for a newly drilled or deepened well, a tabulation of the deviation must be made on the well in accordance with RULE 111.
This form must be filled out completely for allowable for recompletion.
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.