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U.S.G.S.			
LAND OFFICE		l L	
IRANSPORTER	OIL	//	
	GAS	,	
OPERATOR			
PRORATION OF			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

U.S.G.S.	AUTHORIZATION-TO-TE	RANSPORT OIL AND NATURAL	L GAS				
LAND OFFICE	Eff. 2-1-12,	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  Eff. Petro. Corp.  Pan American name to the changed its name to the changed roop. Co.					
TRANSPORTER GAS		U					
OPERATOR	has changed FROD. CO.	Pan American Petro. Co.    Pan American Petro. Co.   has changed its name to   has changed FROD. CO.					
I. PRORATION OFFICE	AMOOO						
Operator	• •						
Pan American Pet Address	releum Corporation						
	ilding, Denver, Colorado	80202					
Reason(s) for filing (Check prope	er box)	Other (Please explain)					
New We!l	Change in Transporter of:						
Recompletion Change in Ownership	Oil Dry (	densate					
Change in Ownership	Cashighead Gas						
If change of ownership give na and address of previous owner							
and address of previous owner							
II. DESCRIPTION OF WELL A	ND LEASE  Lease No.   Well No.   Pool !	Name, Including Formation	Kind of Lease				
Gallegos Canyon		asin Dakota	State, Federal or Fee Federal				
Location		A CONTRACTOR OF THE CONTRACTOR	,				
Unit Letter;;	1720 Feet From The South L	ine and 1140 Feet Fr	om The West				
	AQV	192	in Juan County				
Line of Section 31	Township 29N Range	12W , NMPM, 84	ta Juan County				
IL DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL O	GAS					
Name of Authorized Transporter	of Oil or Condensate	Address (Give address to which ap	pproved copy of this form is to be sent)				
Plateau, Inc.		Box 108, Farmington,	lox 108, Farmington, New Mexico				
Name of Authorized Transporter		•	pproved copy of this form is to be sent)				
El Paso Natural		Box 990, Farmington, Is gas actually connected?	When				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		}				
			1				
If this production is comming!  V. COMPLETION DATA	ed with that from any other lease or poo	i, give comminging order number.					
Designate Type of Com	Oil Well Gas Well	1	Plug Back   Same Restv. Diff. Rest				
Designate Type of Comp		X I	P.B.T.D.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth 6080	6048				
2-3-66 Elevations (DF, RKB, RT, GR, G	3-1-66 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
5513 RDB, 5503 GR	Dakota	5915	6030				
Perforations			Depth Casing Shoe				
5915-5930, 6004-6			6080				
		ND CEMENTING RECORD	CACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
12 1/4"	8 5/84	358 6080	1600				
7 7/8"	4 1/2 <sup>m</sup> 2 3/8 <sup>ii</sup>	6030	1000				
	2 3/8"	6030					
V. TEST DATA AND REQUE	ST FOR ALLOWARDE (Test must be	e after recovery of total volume of load	oil and must be equal to the top allow				
OIL WELL	able for this	depth or be for full 24 hours)	<u> </u>				
Date First New Oil Run To Tan	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)   KLULI   L				
		Contra Property	Choke size MAR 18 1966				
Length of Test	Tubing Pressure	Casing Pressure	MAR 15 100				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MC OIL CON COM.				
Being Librar Sarring Look			CHET. 3				
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
9097	3 hours	Casing Pressure	Choke Size				
Testing Method (pitot, back pr.,	<b>I</b>	1393	3/4"				
Back Pressure	713		417				
VI. CERTIFICATE OF COMP		OIL CONSET	DVATION COMMISSION				
	LIANCE		RVATION COMMISSION				
	LIANCE s and regulations of the Oil Conservation						

## VI

above is true and complete to the best of my knowledge and belief. BY\_

O	3IG	IN	AL	SI	GNI	Ü	ΒŸ
	_	_					

D. I. TOLLEFSON

(Signature)

(Title)

(Date)

Administrative Assistant

March 16, 1966

D. I. Tollefson

This form is to be filed in compliance with RULE 1104.

Supervisor Dist. # 3

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.