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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Form Name, Production District	Kind of Lease
<b>E. E. Elliott "B"</b>		<b>9</b>	<b>Basin Dakota</b>	State, Federal or Fee <b>Federal</b>
Location:				
Unit Letter <b>K</b>	<b>1910</b>	Feet From The <b>South</b>	Line and <b>1725</b>	East or West <b>West</b>
Line of Section <b>26</b>	Township <b>30N</b>	Range <b>9W</b>	County <b>San Juan</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address with an approved copy of this form is to be sent)				
<b>Plateau, Inc.</b>	<b>Box 108, Farmington, New Mexico</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address with an approved copy of this form is to be sent)				
<b>El Paso Natural Gas Co.</b>	<b>Box 990, Farmington, New Mexico</b>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas produced?
	<b>K</b>	<b>26</b>	<b>30N</b>	<b>9W</b>	<b>No</b>

If this production is commingled with that from any other lease or pool, give name of the other number

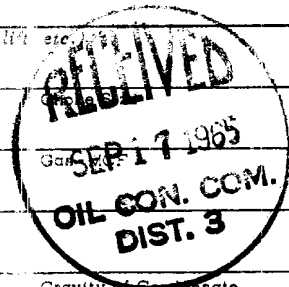
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Flow Test	Flow Test	Depth	Plug Back	Same Res't.	Diff. Res't.
		<b>X</b>	<b>X</b>					
Date Spudded	Date Compl. Ready to Prod.	Top Depth	R.B.D.D.					
<b>6-11-65</b>	<b>8-16-65</b>	<b>7116</b>	<b>7025</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Gas Log	Tubing Depth					
<b>5845 (RKB)</b>	<b>Dakota</b>	<b>6908</b>	<b>6923</b>					
Perforations	7022-34 with 4 shots per foot. 7018-36 with 4 shots per foot.		Depth Casing Shoe					
	6910-36 with 2 shots per foot.							
TUBING, CASING, AND CEMENTING REQUIRED								
HOLE SIZE	CASING & TUBING SIZE		FEET		SACKS CEMENT			
<b>13 3/4"</b>	<b>10 3/4"</b>		<b>282</b>		<b>250</b>			
<b>9 7/8"</b>	<b>7 5/8"</b>		<b>2674</b>		<b>600</b>			
<b>6 3/4"</b>	<b>4 1/2"</b>		<b>7116</b>		<b>525</b>			
	<b>2"</b>		<b>6923</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load cell 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MWOP	Gravity of Condensate
<b>1616</b>	<b>3 hours</b>		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<b>Back Pressure</b>	<b>127</b>	<b>617</b>	<b>3/4"</b>

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.

Original Signed By  
**R. H. BEERS** **R. H. Beers**

(Signature)

**Administrative Assistant**

(Title)

**9-9-65**

(Date)

OIL CONSERVATION COMMISSION

SEP 17 1965

APPROVED \_\_\_\_\_, 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 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.

