	NO. OF COPIES REC	<u> </u>		
	DISTRIBUTIO	İ	1.5	
	SANTA FE		1	
	FILE	1		
	u.s.g.s.			
	LAND OFFICE			
	[RANSPORTER	OIL		
	TRANSI ORI ER	GAS	1	
	OPERATOR	2		
I.	PRORATION OF			
-	Operator			

	DISTRIBUTI	ON		<u> </u>	NEW MEXICO OIL	CONSERVATION COM	MISSION	Form C-104	
	SANTA FE		1	REQUEST FOR ALLOWABLE					l C-104 and C-11
	FILE /				AND			Effective 1-1-6	5
	U.\$.G.S.			AUTHOR	IZATION TO T	RANSPORT OIL AND	NATURAL G	Δς	
	LAND OFFICE						TO TO TO TO TO		
Γ	[RANSPORTER	OIL							
- 1	TRANSFORTER	GAS	/						
	OPERATOR	-	2						
1.	PRORATION OF	FICE							
	Operator	•	,						
_	Pan Americ	en Pe	trolev	m Corporat:	ion				
				_					
L				g, Denver,	Colorado	80202			
1	Reason(s) for filing	(Check pi	roper box)			Other (Plea	se explain)		
	New Well	H			ransporter of:				
	Recompletion	H		Oil		Gas			
	Change in Ownershi	P		Casinghead	Gas Con	densate			
I	f change of owners	ship give	name						
	and address of pres						······································		
			_						
	DESCRIPTION O	F WELI	L AND I	LEASE Lease No.	Well No Fool	Name, Including Formation		Kind of Lease	
						· -		State, Federal or Fee	Wadama1
	Jte Mountain Location	Tribe	1 ""	Gas Com	1 0	e Dome Paradox		State, Federal Cr Fee	Federa:
ļ	Location					1470		**	
	Unit Letter		, 2170	Feet From	The South	_ine and1650	Feet From T	he West	
ļ		_		0.1~		14	0		
L	Line of Section	1	Tow	mship 311	Range	14W , NMP	M, DAI	Juan	County
,						~ . ~			
_	DESIGNATION O				ND NATURAL		to which approve	ed copy of this form is to	o he sent)
ì	Italie of Authorized	Trumpor	01 012	J 01 00		11.44.000   0.000 444.000	, to antick approx		- · · · · · · · · · · · · · · · · · · ·
F	Name of Authorized	Transport	tor of Car	Inghead Cas	or Dry Gas	Address (Give address	to which approve	ed copy of this form is t	o he sent!
Ì		-			or Dr. y Gas				o ve sem,
-	El Paso Na	CALUT	Gas Co			Box 990, Fan			<del></del>
	If well produces oil		3,	Unit Sec.	Twp. Rge.		cted? , when		
L	give location of tank	ks.				Yes		1-14-66	
			ngled wit	h that from any	other lease or po	ol, give commingling ord	er number:		
اV. ر	COMPLETION D	<u>ATA</u>		1011	Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res	ty Diff Bosty
	Designate Ty	pe of Co	ompletio		1	I I	Deepen		Dir. Res-v.
L			<u> </u>	1	X	Total Depth		P.B.T.D.	<u>i</u>
	Date Spudded			Date Compl. Rea	-				
<u> </u>	9-11-65			1-14-		8389		8350	
	Elevations (DF, RK			Name of Product	-	Top Oil/Gas Pay		Tubing Depth	<b>~</b>
	6036 RDB, 6	024 GR		Para	dox		406		~
	Perforations							Depth Casing Shoe	
L	7604-24	<u>, 7984</u>	<del>-90, E</del>	<del>3079-85, 80</del>				8389	
L				TUI	BING, CASING, A	ND CEMENTING RECO	RD		
L			<del> </del>	TUBING SIZE	DEPTH SET		SACKS CEMENT		
	17 1/2"		13 3/		397		500		
	11"			8 5/		4174		1100	
_	7 7/1	B#		5 1/		8389		750	<del></del>
				2 3/	<del>8"</del>	8100			
<b>v</b> . 1	TEST DATA AN	D REQU	EST FO	OR ALLOWABI	LE (Test must b	e after recovery of total vo	lume of load oil a	nd must be equal to or e	xceed top allow
	OIL WELL			<del>,</del>	able for this	depth or be for full 24 hou		TOTIL I	
ŀ	Date First New Oil	Run To T	anks	Date of Test		Producing Method (Flo	ow, pump, gas lift	eto. Ott FIVE	
								KLULITI	نام
	Length of Test			Tubing Pressure		Casing Pressure		Cloke Size	
								FEB1419	66
[-	Actual Prod. During	Test		Oil-Bbls.		Water - Bbls.			
				1				OIL CON.	
'-		<del></del>						DIST.	
	GAS WELL								
Γ	Actual Prod. Test-	MCE/D		Length of Test		Bbls. Condensate/MM	CF	Gravity of Condensate	
	6800			3	hours				
-	6800 Testing Method (pit		pr. <i>)</i>	Tubing Pressure	hours	Casing Pressure		Choke Size	<del></del>

VI. CERTIFICATE OF COMPLIANCE

Back Pressure

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 D. L. TOLLEFSON

(Signature)

(Date)

Administrative Assistant

(Title)

February 9, 1966

D. I. Tollefson

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.

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

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

APPROVED FEB 1 6 1966

Supervisor Dist. # 3

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.