OIL CONSERVATION DIVISION

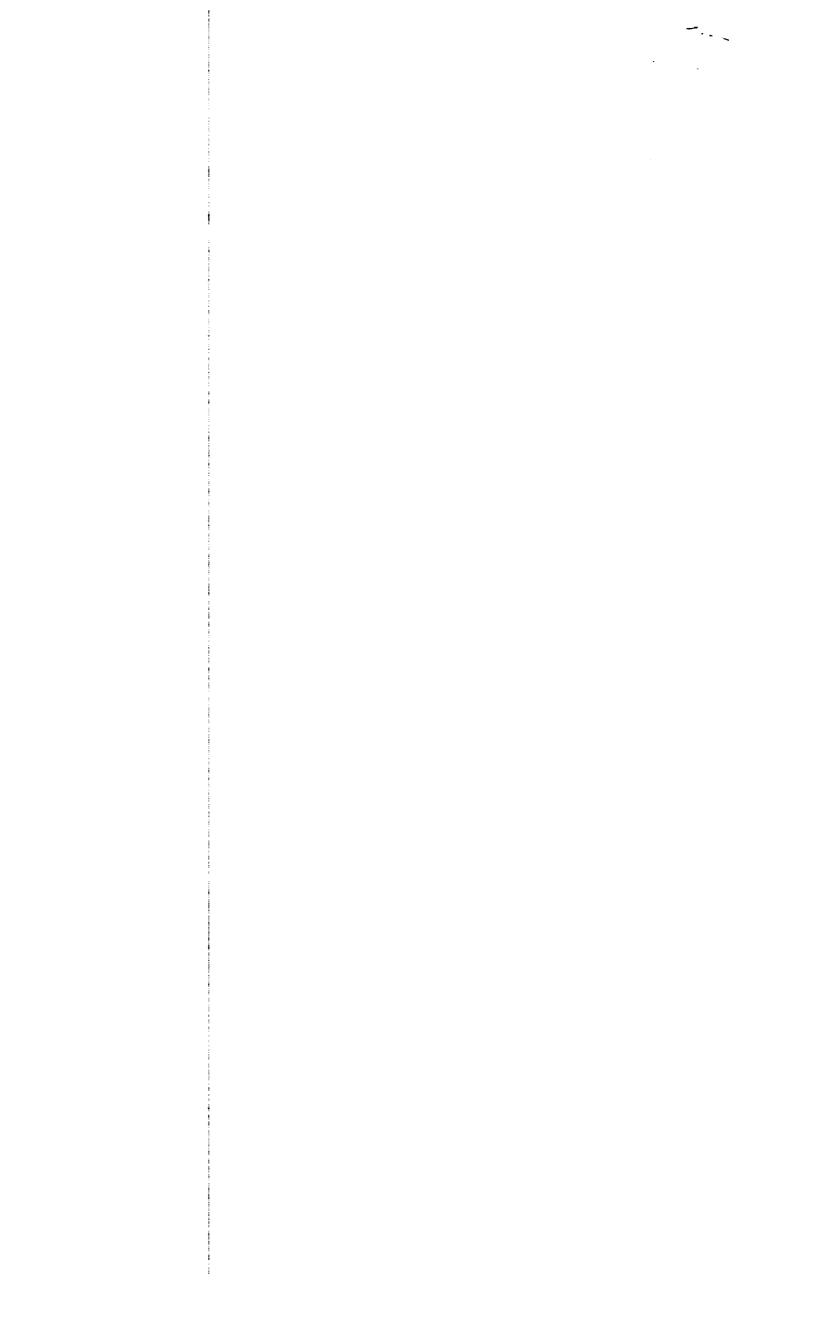
11. 11 / / / / / / / / / / / / / / / / /	OIL CONSERVA	TION DIVISION	
EARLA FE	P. O. BO. SANTA FE, NEW		
PILP			
U.B.O.E. LAND OFFICE TRANSPORTER DIL	REQUEST FOR	•	
OMERATOR	AUTHORIZATION TO TRANSP	_	5
Operation Operation Compa	ny		
Address			
501 Airport Drive, Far		Other (Please explain)	
Reason(s) for filing (Check proper box	Change in Transporter of:		
Recompletion	Oil Dry Gai	一	
Change in Ownership	Carminate Ges Gessess		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including Fo	rmation Kind of i	_ease Lease No.
Leuse Name Jicarilla Gas Com 35-A			ederal or Fee Federal SW-1-4214
Location	40 Feet From The South Line	e and SEC Feet F	West
Unit Letter;;		Ew.	Die Apriba
Line of Section To	wnahip 24N Range	5W , ммрм,	RIO AITIDA . County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Andress (Give address to which a	pproved copy of this form is to be sent)
Name of Authorized Transporter of On Orant Industries, Inc.		P O Pok 256. Farmi	raton. NM 87401
Name of Authorized Transporter of Ca	singhead Gas 🔃 🕆 or Dry Gas 🔀	Address (Give address to which a	pproved copy of this form is to be sent)
El Paso Natural Gas Co		P.O. Box 990, Farmi	ngton, NM 8/401
If well produces off or liquids, give location of tanks.	Unit Sec. Twp. Ree.		1
	th that from any other lease or pool,	give commingling order number:	
Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Res'v. Diff, Res'v.
Date Spodded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Name of Producing Formation	Top Off/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)			Depth Casing Shoe
Perforations			25,500
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be of	fier recovery of social volume of loa pih or be for full 24 hours)	d oil and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, a	
Length of Teet	Tubing Pressure	Cosing Pressure	Choks Size
	OII-8515.	Water - Bais.	Gas-MCF
Actual Prod. During Test	Olf - Bris.		
Actual Prod. Tost-MCF/D	Lengto of Test	Bais, Condensets/MMCF	Grayity of Condensals
Testing Method (pitot, back pt.)	Tubing Pressure (Shat-in)	Casing Pressure (Bhut-in)	Choke Sixe
CERTIFICATE OF COMPLIAN	CE		RVATION DIVISION
I hereby consider that the order and	regulations of the Oil Conservation	APPROVED	त्वत कु रहेमार ए सम्बद्ध । 19 <u> </u>
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		VI.	
		TITLE	
ing the w		This form is to be file	d in compliance with RULE 1104.
and the second s		If this is a request for	allowable for a newly drilled or deepens

(Signature) District Administrative Supervisor well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

: :	DISTRIBUTION SANTA FE FILE	. REQUEST F	DYSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
1	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
1.	HANSPORTER OIL	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Brf. 2-1 Corn Corn Petro. Tan American its name to These changed its CO. These changed PROD. CO.						
t	GAS :	has changed its name of the co.						
,	PROPATION OFFICE	has amoco PROD						
* · _	Constitut	Brigan.						
-	Pan American Petrole	um Corporation						
:		ng, Denver, Colorado 8	30202					
Í	Reason(s) for filing (Check proper box)		Other (Please explain)					
	Lew Well Hecompletion	Change in Transporter of: Oil Dry Gas	Leave man	change				
:	Change in Ownership	Casinghead Gas Condens	sate					
	If change of ownership give name and address of previous owner							
H.	DESCRIPTION OF WELL AND LE	ASE						
	Lense Dave	Well No. Pool Nam	ne, Including Formation	Kind of Lease				
	Jicarilla T riba l #35-A	Gas Unit 1 Bas:	in Dakota	State, Federal or Fee Federal				
	Unit Letter M ; 940	Feet From The South Line	e and 880 Feet From T	he West				
	Line of Pestion 11 , Towns	hip 24-N Range 5	-W , NMPM, Rio Arr	iba County				
•	DECITOR I MICE OF MARKETON OF	DOE OF AND MARKINAY CA	e					
111.	DESIGN/TION OF TRANSPORTE Name of 7 utnorfned Transporter of Oil	or Condensate X	Address (Give address to which approv	ed copy of this form is to be sent)				
	Place de.		Box 108 Farmingto Address (Give address to which approv	n, New Mexico				
	Hanse of Casin	1	Box 990 Farmingto					
	El Paro Natural Gas Cor	Init Sec. Twp. Rge.	Is gas actually connected? Whe					
	give legat on of tanks.	M 11 24N 5-W	No					
	If this production is commingled with	that from any other lease or pool,	give commingling order number:					
14.	COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Weil Workover Deepen	Piug Back Same Res'v. Diff. Res'v.				
		X X X	X Total Depth	P.B.T.D.				
	7-4-65	7-21-65	7913	6957				
	Pool	Name of Producing Formation	Top 🖒/Gas Pay	Tubing Depth				
	Basin Perforations	Dakota	6852	6872 Depth Casing Shoe				
	6855-6875 with 8 shots			6995				
		 	DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	440	*				
	911	4 1/2"	6995	750				
	#Train and ont are train	2 3/8"	6872	GEN A				
v	#Unknown re-entry well TEST DATA AND REQUEST FOR	RALLOWABLE (Test must be a	fter recovery of total volume of load oil	and myster equal to respect top allow-				
••	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	(KLULI I LD				
	Date First New Oil Hun To Tanks	Part Of 1601	- reasoning intermed fr some hamily 2000 sel	SEP 1 0 1965				
	Length of Length	Tubing Pressure	Casing Pressure	OIL COM.				
	Actual From During Test	Oil - Bbls.	Water-Bbls.	Ga-MCFOIST. 3				
	Actual During root							
	·							
	GAS WELL Actual Log. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	563	3 hours						
	, , ,	Tabing Pressure	Casing Pressure	Choke Size				
¥ /¥	Back Pressure	364	783	TION COMMISSION				
¥1.	CERTIFICATE OF COMPLIANC		the information given (Original Signed by					
	I hereby certify that the rules and re	relations of the Oil Conservation						
	Commission have been complied wi above is true and complete to the	best of my knowledge and belief.						
	0.0							
This form is to be filed in compliance wing the state of				wable for a newly drilled or deepened				
	(Signat	tre)	well, this form must be accompation tests taken on the well in acco	rdance with RULE 111.				
	Administrative Assis	rant.	tt					



TARVIACTOR OF PRVILLED COM COM Jicavilla Tablel No. 35-A Gas Ville No. 1 PAN AMERICAN PETROLEUM CORPORATION

	DRAITALIOA
6071	1/40
1150	1/2
1352	3/4
2112	1
2625	3/4
3100	3/4
3630	3/4
4108	ī.
463C	1
5127	1/2
5 6 9 4	1
6300	1/2
7060	3/4

AZEIDATII

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on PAN AMERICAN PETROLEUM CORPORATION'S Jicarilla Tribal No. 35-A Gas Unit No. 1 located 940 FSL and 830 FWL, Section 11, T-24-N, R-5-W, Rio Arriba County, New Mexico.

Cigue Administrative Assistant

THE	ST.	TE	OF	COLORA	ADO)	
)	SS.
COU	YTY	OF	DE	VER)	

BEFORE ME, the undersigned authority, on this day personally appeared R. H. Beers known to me to be Administrated Assistant for Pan American Petroleum Corporation and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on cath, states that he has knowledge SEP1 0 1965 the facts stated harein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 3 day of September ,1965.

Notary Public

My Commission Expires 3-/2-47

