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OPERATOR PRORATION OFFICE		1	

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110						
	FILE /	AND Effective 1-1-65								
	U.S.G.S. ALITHODIZATION-TOTPANISDOPT OIL AND MATHRAL CAS			_ GAS						
	LAND OFFICE Eff. Corp.									
	TRANSPORTER OIL GAS /	TRANSPORTER Land FOR TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	OPERATOR /	has changed 100. 00.								
1.	PRORATION OFFICE									
Operator PAN AMERICAN PETROLEUM CORPORATION Address 501 Airport Drive, Farmington, New Mexico 87401										
							Reason(s) for filing (Check proper box)		Other (Please explain)	
							New Well	Change in Transporter of:	-	
	Recompletion	Oil Dry Gar	Address :							
	Change in Ownership	Casinghead Gas Conden	sate							
	If change of ownership give name and address of previous owner									
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Le	ease Lease No.						
	Lease Name			eral or Fee Federal SF 046563						
	Fred Feasel "B"	1 Fulcher Kutz F	TULUTED UILLIS State, Fed	Federar of 040000						
Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East										
	Line of Section 32 Tow	vnship 28~N Range	10-W , NMPM,	San Juan County						
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which ap.	proved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address Give address to which approved copy of this form is to										
	Southern Union Gathe	ering Gompany	Box 398, Bloomfie	ld, New Mexico 87413						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When August 2, 1970						
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff, Resty,						
	Designate Type of Completion		Town well morkover beepen	i same nes of pin nes.						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	Discourse (DE DVD DE CO	Name of Broducing Formation	Top Cil/Gas Pey	Tubing Depth						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top on/Gas Pay	Tubing Depth						
	Perforations			Depth Casing Shoe						
		T	DEPTH SET	SACKS CEMENT						
	HOLE SIZE	CASING & TUBING SIZE	DEF IN SE	CAGNO GEMENT						
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top allow-						
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			s lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-LOF AUG 28 M/U						
			<u> </u>	UNIT CON. COM ✓						
				DIST. 3						
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
	Actual Prod. Test-MCF/D	Tendru or rear								
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
	i .	1	1	4						

VI. CERTIFICATE OF COMPLIANCE

August 27, 1970

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.

L. R. Taran	
(Signature)	
Administrative Assistant	
(Title)	

(Date)

OIL CONSERVATION COMMISSION

AUG 28 1970 ___ , 19 ___ APPROVED. By Original Signed by A. R. Kendrick PETROLEUM ENGINEER DIST, NO. 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.