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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110  
Effective 1-1-65REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		Clinton Oil Co. - Operating Division	
Address		217 North Water, Wichita, Kansas 67202	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
If change of ownership give name and address of previous owner			
Pan American Petroleum Corp.			

Well Name		Well No.	Pool Name, including Formation	Kind of Lease	State, Federal or	State No.
Gallegos Canyon Unit		6	West Kutz Pictured Cliff	Federal		018905
Unit Letter		L	1340	Feet From The	South	Line and
Line of Section		22	Township	28N	Range	12W
					NMPM,	San Juan
						County

Name of Authorized Transporter of Oil		or Condensate		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.				Box 990, Farmington, N.M.	
of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
				Yes	
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations			Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED JUL 10 1970	
Production Clerk		Original Signed by Emery C. Arnold	
7-2-70		BY 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.	