

NO. OF COPIES RECEIVED		2
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRORATION OFFICE		

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

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 80202	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
Gallegos Canyon Unit		227	Basin Dakota	State, Federal or Fee Indian
Location				
Unit Letter	H	1680	Feet From The FWL	Line and 1155
			Feet From The EAST	
Line of Section	20	Township T28N	Range R12W	, NMPM, San Juan 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 to which approved copy of this form is to be sent)	
Plateau, Inc.	Box 108, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	H	20
		Twp.
		28N
		Rge.
		12W
		Is gas actually connected?
		No
		When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-7-66	4-12-66	6022	5988					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
RDB 5526	Dakota	5795	5840					
Perforations	Depth Casing Shoe							
5915-5925 and 582-5844	6022							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		346		215			
7 7/8"	4 1/2"		6022		1450			
	2 3/8"		5840					

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
9296	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	729	1432	3/4"

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.

Witnessed By
R. H. BEARS

R. H. Bears

(Signature)

Administrative Assistant

(Title)

April 27, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 4 1966, 19BY Original Signed by Emery C. ArnoldTITLE SUPERVISOR DIST. #3

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.

TABULATION OF DEVIATION TESTS
GALLEGOS CANYON UNIT, WELL NO. 227
PAN AMERICAN PETROLEUM CORPORATION

<u>DEPTH</u>	<u>DEVIATION</u>
187	1/4°
345	1/2°
750	1/2°
1111	1/2°
1471	3/4°
1801	3/4°
2222	1/2°
2303	1/2°
2733	1/2°
2905	1/2°
3272	1/2°
3511	1/4°
3933	3/4°
4450	1/2°
4879	3/4°
5213	3/4°
5857	1/4°
6020	1 1/4°

A F F I D A V I T

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 **Gallegos Canyon Unit Well 227, Located 1680' FNL and 1155' FEL, Section 20, T28N, R12W, San Juan County, New Mexico**

Signed _____
Title **Administrative Assistant**

THE STATE OF COLORADO)
) SS.
COUNTY OF DENVER)

BEFORE ME, the undersigned authority, on this day personally appeared R. H. Beers known to me to be Administrative 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 oath, states that he has knowledge of the facts stated herein 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 28th day of April, 1966

Catherine A. Edman
Notary Public

My Commission Expires: 0-12-67

