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	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE U	AND ANTHORIZATION TO TRANSPORT OF AND MATHRAL CAS			
ŀ	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		_ GAS	
ł				, 71 .	
	TRANSPORTER GAS 1	9-7-71,	7.77 0 .	ef. 2-1-71, corp.	
İ	OPERATOR	Eff. Petro.	to to	~103°anu -	
1.	OPERATOR PRORATION OFFICE PROPATION OFFICE PROPAGATION OFFICE PROPAGATION OFFICE PROPAGATION OFFICE PROPAGATION OFFICE PAR AMERICAN PERSON PINA CORPORATION PROD. CO. TAN AMERICAN PRODUCTION PROD. CO. PAN AMERICAN PRODUCTION PROD. CO.				
	PRORATION OFFICE PRORATION OFFICE PAN AMERICAN PETROLEUM CORPORATION PROD. CO. Address P. O. Box 480, Farmington, New Mexico				
}	Address				
	P. O. Box 480, Farmington, New Mexico				
	Reason(s) for filing (Check proper box)	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Change in Transporter of: Original Tie-in for casinghead				
	Recompletion Oil Dry Gas gas sales Change in Ownership Casinghead Gas Condensate				
Ì	Change in Ownership	Casinghead Gas Condens	sate		
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND I	EASE			
	Lease Name	Well No. Pool Name, Including Fo	, a	ease Lease No.	
	Gallegos Canyon Unit	250 Pinon Gallup	51310) 1.0	Legerar	
	Location N . 990	Feet From The South Line	e and 1800 Feet Fr	om The West	
	Unit Letter;;;	Feet From TheLine	e and reet it	om the	
	Line of Section 14 Tow	nship 28-N Range	1.2-W , NMPM,	an Juan County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Norte of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)				
	Numer of Authorized Principles of the Manufacture of Manufacture of Authorized Principles of Aut			1	
	Plateau, Inc. Name of Authorized Transporter of Cas	inghead Gas 🕎 or Dry Gas 🦳	Address (Give address to which a	oproved copy of this form is to be sent)	
	Jalou Gas Company	-	Box 5426 Donaldson S	Station, Tulsa, Oklahoma	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	N 14 28N 12W	No		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completio	n = (X)	1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OU/Gas Ha	I uping Depth	
			Drc+;	Depth Casing Shoe	
	Perforations		DEC 1 9 1966		
		TUBING, CASING, AND	CEMENTING GEOREOM.		
	HOLE SIZE	CASING & TUBING SIZE	CEPST SET	SACKS CEMENT	
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
٧.	OIL WELL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	us 15/5, Coc./	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Length of 1eet				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas - MCF	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Flod. 1 det - MC1 / D				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE		RVATION COMMISSION	
			DEC 1	9 19661 9	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Gigned by Emery C. Arnold		
	above is true and complete to the best of my knowledge and belief.		BY_Original Signed by Emery C. Arnold		
	PAN AMERICAN PETROLEUM CORPORATION		TITLE SUPERVISOR DIST. #3		
	TAR ARBAICAN FRINGISTA COMITANA		This form is to be filed in compliance with RULE 1104.		
			read to a server for allowable for a newly drilled or deepened		
	L. R. Turner (Signature)		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.		
	Administrative Clerk				
	(Title)				
	December 15, 1966		wall name or number, or tran	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.	
	(D	ate)	Separate Forms C-104	must be filed for each pool in multiply	
			completed wells.		