				
NO. OF COPIES RECEIVED	3			Fran C. 104
DISTRIBUTION			NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE		REQUEST F	FOR ALLOWABLE AND	Effective 1-1-65
FILE U.S.G.S.		ALITUODIZATION TO TRAN	ASPORT OIL AND NATURAL GA	\s
LAND OFFICE		AUTHORIZATION TO TRAI	TO ONE AND THE OWNER OF	
0	_ / /			TIVE TO THE PERSON OF THE PERS
TRANSPORTER G.	AS /			TO FIVEN
OPERATOR	1			/KLULIYLD /
PRORATION OFFICE	E			1000
Operator	PAN AMERICAN PETROLEUM CORPORAT			SEP 2 4 1969
PAN AMERICAN	PETROLEUM	CURPURALION		OIL CON. COM.
1	rive Far	rmington, New Mexico - 8	7401	OIL CON.
Reason(s) for filing (Che	ck proper box)	Lining con,	Other (Please explain)	DIST. 3
New Well	1	Change in Transporter of:		
Recompletion	į	Oil Dry Gas	Workover (casi	ng repair)
Change in Ownership		Casinghead Gas Conden	workover (casi	
	-iva nama		Fiff. Petro. to Fiff. Petro. to Fan American its name Changed PROD. Kind of Lease	
If change of ownership and address of previou	s owner		Pan American its name Pan American its name The changed FROD. Kind of Lease	
			has change PROD.	
II. DESCRIPTION OF I	VELL AND I	Well No. Pool Name, Including Fo	1	1
Elliott Gas Con	n H r H	1 Blanco Mesa	Cara Fadoral	or Fee Federal SF-078139
Location	<u> L</u>			
Unit Letter A	, 990	Feet From The North Line	e and 990 Feet From T	he East
O.III EEIIGI	·			County
Line of Section	34 <u>Tow</u>	vnship 30-North Range 9-	West , NMPM, San J	uan
		TOO OF OW AND MATTIDAY GA	c	
III. DESIGNATION OF ' Name of Authorized Tra	TRANSPORT	OF CONDENSATE CONTROL GA	Madiasa (Othe gastens to mine.	
Plateau,			P. O. Box 567, Bloom	field, New Mexico
Name of Authorized Tro	Name of Authorized Transporter of Casinghead Gas or Dry Gas X			ed copy of this form is to be sent)
El Paso N			P. O. Box 990, Farmi	
If well produces oil or	iquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	2-18-53
give location of tanks.		A 34 30N 9W	Yes	2-10-33
If this production is c	ommingled wif	th that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DAT		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type	of Completic	on – (X)	X	
Date Spudded 5		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-24-62		7-18-69	4850	4800 Tubing Depth
Elevations (DF, RKB,	RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	4728
Gr 5733, RKB 5	746	Mesaverde	4300	Depth Casing Shoe
Perforations 4300-14, 4325-36, 4409-20, 4492-4502, 451, 4660-74, 4668-4704, 4712-20, 4740-50, 4766-78, 479			4790-4800 w/2 SPF	4850
4660-74, 4668-	4704, 471	TUBING CASING AN	D CEMENTING RECORD	
HOLE SI	75	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4		10-3/4" - 40.5#/ft	302	175 sx
8-3/4		7" - 20#/ft	4031	509 sx (325 sx orig &
			1050	184 sx squeeze)
. 6-1/4	11	5" - 15#/ft	4850 4728	340 sx
V. TEST DATA AND	REQUEST F	OR ACTOWABLE 477 It have be	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow
OIL WELL Date First New Oil Ru		Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)
Date ritts New Oil Hu	II TO THINB			
Length of Test		Tubing Pressure	Casing Pressure	Choke Size
				Ggs • MCF
Actual Prod. During T	est	Oil-Bbls.	Water-Bbls.	Gds - MCF
' <u></u>				
GAS WELL		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D				_
1283 MCFD (D=1496 MCFD Testing Method (pitot, back pr.))) 8 day Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.) Flow to sales line		595 psia	601 psia	
VI. CERTIFICATE O			OIL CONSERV	ATION COMMISSION
VI. CERTIFICATE OF	; COMPLIAN	,		SEP 2 4 1969
I harahy cartify that	the rules and	i regulations of the Oil Conservation	Original Signed by	, 19
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.			BY	
			SUPERVISOR DIST. #3	

Petroleum Engineer (Tille)

(Date)

September 23,

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 sllowable 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