|     | · <u></u>  |   |                                       |   |
|-----|--|---|---------------------------------------|---|
|     | NO. OF COPIES RECEIVED   |   |                                       |   |
|     | DISTRIBUTION   |   |                                       | _   |
|     | SANTA FE /   |   |                                       | Form C-104 Supersedes Old C-104 and C-116 |
|     | FILE /   | Effective 1-1-65  |                                       |   |
|     | U.S.G.S.   | AND AUTHORIZATION TO TRANSPORT OIL AND MATHRAL CAS  |                                       |   |
|     | LAND OFFICE  | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  Pen American petro. corp.  Pan American its name to  Changed transport. CO. |                                       |   |
|     | OIL /  | 2-1-71, corp.   |                                       |   |
|     | IRANSPORTER GAS /  | Pan American Petro. College Pen American its name to has changed PROD. CO.  |                                       |   |
|     | OPERATOR OPERATOR  | American its name   |                                       |   |
| _   | PROMATION OFFICE PROD. CO.   |   |                                       |   |
| I.  | Operator   | Pan America its has changed prop. co.   |                                       |   |
|     | PAN AMERICAN PETROLEUM CORPORATION  Address  |   |                                       |   |
|     | Security Life Building, Denver, Colorado   |   |                                       |   |
|     | Reason(s) for filing (Check proper box)  Other (Please explain)  |   |                                       |   |
|     | New Well Change in Transporter of: Lease Name Change   |   |                                       |   |
|     | Recompletion Oil Dry Gas Previously:   |   |                                       |   |
|     | Change in Ownership Casinghead Gas Condensate State Gas Unit "BA" #1   |   |                                       |   |
|     | If change of ownership give name<br>and address of previous owner  |   |                                       |   |
| II. | DESCRIPTION OF WELL AND  |   |                                       |   |
|     | Lease Name   |   | me, Including Formation               | Kind of Lease                             |
|     | State Gas Com BA   | 1 Bas   | in Dakota                             | State, Federal or Fee State               |
|     | Unit Letter G; 1760 Feet From The North Line and 1450 Feet From The East   |   |                                       |   |
|     | Line of Section 16 To  | waship 31N Range  | 12W , NMPM, San                       | Juan County                               |
| 111 | DESIGNATION OF TRANSPOR  | TER OF OIL AND NATURAL GA   | \S                                    |   |
|     | Name of Authorized Transporter of Oil  | or Condensate X   | Address (Give address to which approv | ed copy of this form is to be sent)       |
|     | Plateau Tra  |   |                                       |   |
|     | Plateau, Inc.  Box 108, Farmington, New Mexico  Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) |   |                                       |   |
|     |  |   |                                       | •   |
|     | El Paso Natural Gas Con  |   | Box 990, Farmington, Ne               |   |
|     | If well produces oil or liquids,   | 1 1   |                                       |   |
|     | give location of tanks. G 16 31N 12W Yes 2-2-65  |   |                                       |   |
|     | If this production is commingled with that from any other lease or pool, give comminging order number:   |   |                                       |   |
| IV. | COMPLETION DATA  | Oil Well Gas Well   | New Well Workover Deepen              | Plug Back   Same Res'v. Diff. Res'v.      |
|     | Designate Type of Completic  |   | New wet: workover Deepen              | Plug Buck Same Res V. Dill. 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 Cil/Gas Pay                       | Tubing Depth                              |
|     |  |   |                                       |   |
|     | Perforations   |   |                                       | Depth Casing Shoe                         |
|     |  |   |                                       |   |
|     |  | TUBING, CASING, AND   | D CEMENTING RECORD                    | <del></del>                               |
|     | HOLE SIZE  | CASING & TUBING SIZE  | DEPTH SET                             | SACKS CEMENT                              |
|     |  |   |                                       |   |
|     |  |   |                                       |   |
|     |  |   |                                       | <u> </u>                                  |
|     |  | 1   | 1                                     |   |
|     | 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 able for this depth or be for full 24 hours)     |   |                                       |   |
|     | Date First New Oil Run To Tanks  | Date of Test  | Producing Method (Flow, pump, gas lif | t, etc.)                                  |
|     |  |   |                                       | CCPLIIA                                   |
|     | Length of Test   | Tubing Pressure   | Casing Pressure                       | Chore Sta                                 |
|     | -  |   |                                       | \ NEGELLED \                              |
|     | Actual Prod. During Test   | Oil-Bbls.   | Water-Bbls.                           | Gas-MCFCT 1 1, 1965                       |
|     | •  |   |                                       | OCT 1 1, 1965                             |
|     | OIL CON. COM.  |   |                                       |   |
|     | GAS WELL DIST. 3   |   |                                       |   |
|     | Actual Prod. Test-MCF/D  | Length of Test  | Bbls. Condensate/MMCF                 | Gravity of Condensate                     |
|     |  |   |                                       | Nice and the second                       |
|     | Testing Method (pitot, back pr.)   | Tubing Pressure   | Casing Pressure                       | Choke Size                                |

## 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.

(Date)

(Signatu

Administrative Assistant (Title)

September 30, 1965

OIL CONSERVATION COMMISSION

APPROVED OCT 11 1965

. 19.

Original Signed Emery C. Arnold

TITLE 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.