NO. OF COPIES RECEIVED		5		
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR .				
PRORATION OFFICE				

	DISTRIBUTION	NEW MEYICO OU	CONSERVATION COMMISSION	_		
	SANTA FE '	_	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11		
	FILE ' .	KEQUEST	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL G		RAL GAS		
	LAND OFFICE		ANG. GIVE GIZ AND PARTO	THE OAD		
	TRANSPORTER OIL	_				
	GAS	_				
	OPERATOR		•			
I.	PRORATION OFFICE Operator					
	PAN AMERICA	n patholkum corporation				
	Address		<u> </u>			
	SECURITY LI	fe bldg., denver, colo.	•			
	Reason(s) for filing (Check proper box	x) .	Other (Please explai	n)		
	flew Well	Change in Transporter of:				
	Recompletion	Oil Dry G	das			
	Change in Ownership	Casinghead Gas Conde	ensate			
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND		ame, Including Formation	Kind of Lease		
	UTE MOUNTAIN TRIBAL		T DOME-PARADOX	State, Federal or Fee FIDERAL		
	Location					
	Unit Latter	1650 Feet From The NORTH Li	1650	WEST		
	Unit Letter;	Feet From IneLi	ne andFeet	From The		
	Line of Section 10 , To	wnship 31K Range	14W , NMPM,	SAN JUAN County		
III.		TER OF OIL AND NATURAL G.				
	Name of Authorized Transporter of Oi	or Condensate		approved copy of this form is to be sent)		
	Ment			KORK		
	Name of Authorized Transporter of Co		,	approved copy of this form is to be sent)		
	EL PASO MATURAL GAS		BOX 990 PARKING			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	give location of tanks.	F 10 318 14	W NO			
T X /	•	ith that from any other lease or pool,	, give commingling order number	er:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Res'v. Diff. Res'v.		
٠	Designate Type of Completi	on = (X)	X	1 1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	2/21/58	6/3/58	9810	9751		
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	UTR DOME	PARADOX	8080	8713		
	Perforations 8248-8264 with 4 shots per feet, 8644-8658 with 4 shots per Depth Casing Shoe					
	foot, 8762-8780 with 4 shots per foot.					
		<u> </u>	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	174"	13 3/8"	400' 4210'	530		
	11"	8 5/8" 5½"				
	7.7/8"	2 3/8"	98981 87131	600		
11/	TECT DATA AND DECLIEST E					
٧.	TEST DATA AND REQUEST FOLL WELL		after recovery of total volume of ic lepth or be for full 24 hours)	oad oil and must be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)		
				GEL FIVEN		
	Length of Test	Tubing Pressure	Casing Pressure	Chorte San Till A		
				/		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Pas-SEP 2 0 1965		
		<u></u>	1	OIL CON. COM.		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	DIST. 3		
		The state of the s	MONE	Gravity of Condensate		
	See Reverse \$1de Testing Method (pitot, back pr.)	See Reverse Side Tubing Pressure	Casing Pressure	Choke Size		
		See Reverse Side	MOT AVAILABLE	Choke Size		
3/1	Pitot Tube CERTIFICATE OF COMPLIAN			ERVATION COMMISSION		
¥ I.	CENTIFICATE OF COMPLIAN	IOE				
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED SEP 2 0 1965 , 19, 19			
Commission have been complied with and that the information gi above is true and complete to the best of my knowledge and bel			Original Signed Emery C. Arnold			
above is true and complete to the best		e best of my knowledge and belief.	howledge and better.			
			TITLE Supervisor Dist.	# 3		
	ORIGINAL SIGNED BY					
	D I morragion	B. I. Tollefson	This form is to be filed in compliance with RULE 1104.			

VI.

D. I. TOLLETSON

Administrative Assistant

September 15, 1965

(Date)

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 Sections I, II, III, and VI only 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.

Preliminary Test as Follows:

Perforated Zone 8762-8780 Flowed 3 Hours thru 3/4" Choke, 8150 MDFB, Tubing Pressure Flowing 1410.

Perforated Zone 8644-8658 Flowed 74 Hours thru 3/4" Choke, 10,460 MEFD Tubing Pressure Flowing 1400.

Perforated Zone 8248-8264 Flowed 5 3/4 Hours thru 3/4" Choke 9,600 MCFD, Tubing Pressure Flowing 1150.

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