NO. OF COPIES RECEIVED 15	 -		
DISTRIBUTION SANTA FE	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Eliective 1-1-65
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GARECETVED			
IRANSPORTER OIL / GAS / OPERATOR /	FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71		AUG 2 1966
PROPATION OFFICE			<u> </u>
Cperator A	A TO R		ARTERIA, OFFICE
And the second designed and th	Care Perroleur	me (mg)	
Reason(s) for filing (Check Proper bo	Change in Transporter of:	Derico 8824	
fiecompletion	· Oil Dry Ga Casinghead Gas Conden		. Windfohr Sease Name
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	Vell No. Pool_Name, Including Fo	prmation Kind of Lease	Lease No.
Windfuhr Fede	ral 4 Empire	abo Stale, Federal	
Unit Letter; 158		e and <u>1645.38</u> Feet From T	2
· · · · · · · · · · · · · · · · · · ·	ownship 18.5 Range	<u>, мири, сла</u>	County
Eff. $4/1/70$ name c	RTER OF OIL AND NATU <u>RAL GA</u> change from	S Address (Give address to which approv	ed copy of this form is to be sent)
Service to Amoco H	Pipeline Co.	3411 Knowville	Jubboch Jeron
Latte of Authorized Transporter of C		Address (Give address to which approx	Ed copy of this form is to be sent)
Comparente St	Unit Sec. Wwp. P.ge.	Is gas actually connected? Whe	<u>n.m.</u>
If well produces oll or liquids, give location of tanks.	N 3 18 27	YES	9-3-60
COMPLETION DATA	Vith that from any other lease or pool,	give commingling order number:	Plug Back Same Res'v. Diff, Res'v.
Designate Type of Complet	$ion - (\mathbf{X})$		I I I I I I I I I I I I I I I I I I I
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.Ţ.D.
Elevations (DF, RKB, RT, GR, etc.) Effective 2-1-	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations Gas Transporter From: Pan Amer:	duction Co.		-Depth Casing Shoe
To: Amoco II	IUDING, LASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	······································		
		<u> </u>	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil (pth or be for full 24 hours)	and must be equal to or exceed top allows
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod, During Test	Oil-Bble.	Water-Bble.	Gas - MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION
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.		AUG 2 1966	
		By MLamestrong	
		TITLE OIL AND GAS INSPECTOR	
Original Signed by V. E. STALEY	044-MMOCC-A	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 allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,	
() (Si	(nature) (-NSUS		
Unea Sup	1-08P 1-SUSP		
7 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Tille) I-AELANTIC		
- area Sup 7-28-66	Date) (-Ziegler)	well name or number, or transport	, III, and VI for changes of owner, er, or other such change of condition.

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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.