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DISTRIBUTION		
SANTA FE		
FILE		-
U.S.G.S.		
LAND OFFICE		
OIL		
GAS	1	
OPERATOR		
PRORATION OFFICE		
	GAS	GAS /

			1	
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NO. OF COPIES RECEIVED	4			
DISTRIBUTION	1	CONSERVATION COMMISSION	Form C-104	
SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-114 Effective 1-1-65	
FILE	1	AND		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GAS	5	
LAND OFFICE				
TRANSPORTER GAS /				
OPERATOR /				
PRORATION OFFICE				
PAN AMERICAN PETROL Address P. 0. Box 480, Farm	ington, New Mexico			
Reason(s) for filing (Check proper box	· · · · · · · · · · · · · · · · · · ·	Other (Please explain)		
New Well	Change in Transporter of:	<u> </u>		
Recompletion	Oil E Dry C	Gas 🔲		
Change in Ownership	Casinghead Gas Cond	ensate		
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND	LEASE	Formation Kind of Lease	Lease No.	
Lease Name	Well No. Pool Name, Including	Carte Forderel of	B	
John S. Bashko "B"	2 Pevils Forb	Gallup State, Federal C.	Free Federal MM 03010	
II. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ot	or Condensate	7-Y , NMPM, Rio Ar Address (Give address to which approved	County d copy of this form is to be sent)	
Comerland Pipelines In Name of Authorized Transporter of Co	isinghead Gas 🔣 — or Dry Gas 📋	Address (Give address to which approved		
El Paso Matural Gas Con	Unit Sec. Twp. Rge.	Box 990, Farmington, New Mexico Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	J 11 24-W 7-W	Yes	11-29-60	
	ith that from any other lease or poo	l, give commingling order number:		
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Completi	on = (X)		1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 011, 012 1 1,	•	
Perforations			Depth Casing Shoe	
		ND CEMENTING RECORD	CACKS CENEUT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be	e after recovery of total volume of load oil an	nd must be equal to or exceed top allow	
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, gas lift,	etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	2010-	(
GAS WELL	On Job	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	the same and the same at the s			
	Length of Test 1/57 COM.	Casing Pressure (Shut-in)	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.

	Original signed by G. L. HAMMARIA	
G. L. Hamilton Area Clerk	(Signature)	
	(Title)	
November 28, 1966		

(Date)

OIL CONSERVATION COMMISSION

NOV 3 0 1966

APPROVED By Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3 TITLE __

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.