NO. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		1	
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	L	
	GAS	7	
OPERATOR		2	
PRORATION OFFICE			

DISTRIBUTION SANTA FE /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	AND NSPORT OIL AND NATURAL GA	AS
LAND OFFICE	TD-P-4	f. 2-1-71,	
TRANSPORTER GAS /		can Petro. Corp.	•
OPERATOR 2		ed its name to	
PRORATION OFFICE	AMOC	O PROD. CO.	F=81
PAN AMERICAN PETRO	OLEUM CORPORATION		
	, Farmington, New Mexico	87401	1,200
Reason(s) for filing (Check proper box)	, raimingcon, new heared	Other (Please explain)	MOV 21 1969
New We!l X	Change in Transporter of:		1 2011
Recompletion	Oil Dry Gas		OIL CON. COM.
Change in Ownership	Casinghead Gas Condens	sate	DIST. 3
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND I	EASE   Well No.   Pool Name, Including Fo	ormation Kind of Lease	Lease No.
Lease Name		State Federal	or Fee Indian - Jicarilla
Jicarilla Contract 155	21   South Blanco P	icinred Cliffs!	Contract 15
	O Feet From The South Line	e and 1610 Feet From T	* *
Unit Letter ;;	Feet From the Line	4 did 66( 6	
Line of Section 29 Town	nship 26-N Range	5-W , NMPM, Ri	o Arriba County
Name of Authorized Transporter of Oil	er of OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas X	Address (Give address to which approv	ed copy of this form is to be sent)
1		P. O. Box 990, Farmingt	
El Paso Natural Gas Co	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	
If well produces oil or liquids, give location of tanks.		No	
If this production is commingled with	that from any other lease or pool	<u></u>	
V. COMPLETION DATA	that hom any other rough or poor,		The state of the s
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
Date Spudded 10-6-69	11-7-69	2881'	2856
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oli/Gas Pay Tubing Depth	
GR 6434', RKB 6448'	Pictured Cliffs	2754'	2764'
Perforations			Depth Casing Shoe
2754-66, 2773-80 & 278	6-91 x 2 SPF		2881
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	234'	175 sx
7-7/8"	4-1/2"	2881'	700 sx
THE DAME AND DECLIFET FO	DP ATTOWARTE (Test must be at	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
V. TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	t, etc.)
·		Contra Disease	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	GGRA G.LA
	Oil-Bbis. •	Water - Bble.	Gas-MCF
Actual Prod, During Test	On-bine.		
GAS WELL		Table Condesses And Ca	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test  3 hrs.	Bbls. Condensate/MMCF	C. 2111/ O. COMMENTALE
1561 (AOF 4276)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke Size	
Testing Method (pitot, back pr.)	606 psig	606 psig 3/4"	
Open Flow			TION COMMISSION
VI. CERTIFICATE OF COMPLIANO	·	APPROVED	NOV 2 4 1969
Commission have been complied V	ertify that the rules and regulations of the Oil Conservation		Emery C. Arnold
above is true and complete to the	best of my knowledge and belief.	1	VISOR DIST #5

## ٧I

L. R. Chisii	_
(Signature)	
Detroloum Engineer	

(Title)

November 20, 1969 (Date)

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, well name or number, or transporter, or other such change of condition.