	NO. OF COPIES RECEIVED										
	DISTRIBUTION	NEW MEXICO OU	CONCERNATION COMMISSION								
	SANTA FE j	1	CONSERVATION COMMISSIC FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110							
	FILE	7	Effective 1-1-65								
	U.S.G.S.	AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	LAND OFFICE										
	TRANSPORTER OIL ;	Ifr. an Petro. to									
	GAS	Pan American Petro. Corp.  Pan American pame to  has changed its name to  AMOCO PROD. CO.									
	OPERATOR	Pan America its name changed its name AMOCO PROD. CO.									
I.											
	Operator Application of the Control										
	PAN ANERICAN PETROLEUM CORPORATION										
	Vddie22										
	501 Airport Brive Fermington, New Mexico 87401  Reason(s) for filing (Check proper box)  Other (Please explain)										
	New Well	Change in Transporter of:									
	Recompletion	Oil Dry Go	Change in well name, from Bayview-Riddle								
	Change in Ownership	Casinghead Gas Conde	Mo. I to Mayview-Kiddle Gas Com No. I.								
	If change of ownership give name and address of previous owner										
	and address of previous owner										
II.	DESCRIPTION OF WELL ANI										
	Lease Name	Well No. Pool Name, Including F		of Lease No.							
	Rayview-Riddle Cas C	om 1 Basin Dako	State	, Federal or Fee Federal 97 078100-							
	Location										
	Unit Letter;;	25 Feet From The <b>North</b> Lin	ne andFe	et From The							
	Line of Section 18 T	ownship 27-M Range	12-W , NMPM,	Sen Juan County							
III.		RTER OF OIL AND NATURAL GA									
	Name of Authorized Transporter of C	or Condensate	Address (Give address to whi	ch approved copy of this form is to be sent)							
	Flaceau										
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to whi	ch approved copy of this form is to be sent)							
	EPT B		1	When							
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	when							
	<u> </u>	iiii									
,		with that from any other lease or pool,	give commingling order num	ber:							
I V .	COMPLETION DATA	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Restv. Diff. Restv.							
	Designate Type of Complet	ion - (X)									
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth							
	Perforations			Depth Casing Shoe							
			CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
			<del> </del>								
		COD ATTOWARTS	Annana annana at anna a	land all and must be sound to see successful.							
٧.	TEST DATA AND REQUEST !	FUR ALLUWABLE (Test must be a able for this de	fter recovery of total volume of ppth or be for full 24 hours)	load oil and must be equal to or exceed top allow-							
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pun	p, gas lift, etc.)							
				(At tiven)							
	Length of Test Tubing Pressure		Casing Pressure	Chole State							
				0.1067							
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gal-MCDC / 1 6 196/							
				OIL CON. COM.							
				DIST. 3							
	GAS WELL		D11: 0   1   1   1   1								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate							
				Chala Sta							
	Testing Method (pitot, back pr.)	I M. Line December & March & M.	Casing Pressure (Shut-in)	Choke Size							
		Tubing Pressure (Shut-in)	•	l l							
		Tubing Pressure ( Shut-In )									
VI.	CERTIFICATE OF COMPLIA		OIL CON	SERVATION COMMISSION							
VI.		NCE	0.07	1.0.1007							
VI.	I hereby certify that the rules an		0.07	SERVATION COMMISSION  16 1967  by Emery C. Arnold							

CRIGINAL SIGNED BY
L. R. TURNER
(Signature)

October 13, 1967

OIL CONSERVATION COMMISSION											
APPROVED.	OCT	16 1967		. 19							
_	aral	biz	Emery	C.	Arnold		_				
TITLE	Signed SUPER\	/ISO	R DIST.	井の							

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.