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	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE				For	rm C-104				
-	SANTA FE /					Suj		C-104 and C-110			
-	U.S.G.S.	AND						ective 1-1-65			
F	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	TRANSPORTER OIL GAS ,							PENA			
	OPERATOR ,						/K!	LULYE			
1.	PRORATION OFFICE Operator					<del> </del>			· • • • • • • • • • • • • • • • • • • •		
	•	PETEGLEUM CORPORATION						P 514	/		
	Address	ort Brive, Farmington, New Mexico					1	OIL COR TOM.			
	Reason(s) for filing (Check proper box)				ther (Please	explain)	/	<b>GEO</b>	<del>-,4</del>		
	New Well	Change in Tran						The second secon			
- 1	Recompletion	Oil	Dry G	as ensate							
L	Change in Ownership	Casinghead Ga	is Conde	ensate 🔊		· · · · · · · · · · · · · · · · · · ·		<u>_</u>			
	f change of ownership give name nd address of previous owner	Benson-Monti		illing Co	rporati	on, Petre	leum Cer	ater Buil	ding,		
	DESCRIPTION OF WELL AND	LEASE	No Individue I			Vind of Lagar			<del></del>		
	Lease Name  Davis		Well No. Pool Name, Including Formation Kind of Lease  1-X Resin Dakots State, Federal					ndian I-	Lease No.		
-	Location	1.5-4		<u> </u>		·			3182-B		
	Unit Letter ; 1650	Feet From The	e <b>North</b> Li	ne and1	650	_ Feet From 1	The Wo	est			
	Line of Section 12 Tow	enship 27-1	Range	13-W	, NMPM	Sen	Juan		County		
T 1	DESIGNATION OF TRANSPORT	FER OF OIL ANI	NATURAL G	48							
	Name of Authorized Transporter of Oil			Address (Gi		o which approv		•	be sent)		
L	Plateau, Inc.	lateau, Inc.			P. O. Box 108, Farmington, New Mexico						
	Name of Authorized Transporter of Cas	inghead Gas 🔲 🔾	or Dry Gas	,		o which approx	• • •	•	be sent)		
-	El Paso Hatural Gas Con	Unit Sec.	Twp. Rge.	P. O. B		Farmingt d? Whe		Mexico			
	If well produces oil or liquids, give location of tanks.	7 12	27W 13W	Is gus detud	•	ed ; Wile	-11				
L	f this production is commingled wit	† <del></del>				number:					
	COMPLETION DATA	Oil We		New Well	Workover	Deepen	Plug Back		. Diff, Restv.		
	Designate Type of Completio		I Gds well	I Idem Mett	HOLKOVEL	 	Flug Buck	June Res	. Din. Nes-v.		
-	Date Spudded	Date Compl. Ready	to Prod.	Total Depth	1		P.B.T.D.	1			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas	s Pay		Tubing De	oth			
-	Perforations						Depth Casi	ing Shoe			
		<del> </del>	D CEMENTIN	-							
-	HOLE SIZE	CASING & T	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
+		, , , , , , , , , , , , , , , , , , , ,				- 1-mm-1-1-1					
Ĺ						· · · · · · · · · · · · · · · · · · ·	1				
	FEST DATA AND REQUEST FOOIL WELL	DR ALLOWABLE	(Test must be a able for this d	after recovery of epth or be for f			and must be	equal to or exc	eed top allow-		
	Date First New Oil Run To Tanks	Date of Test				, pump, gas lij	t, etc.)				
L				O-1			Chaka Siza				
	Length of Test	Tubing Pressure		Casing Pres	eme		Choke Size	j.			
-	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.	,		Gas-MCF				
_	CAC WEST T										
_ (	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Conde	nsate/MMCI		Gravity of Condensate				
	, -	-									
r	Testing Method (pitot, back pr.)	Tubing Pressure ( 8	Shut-in)	Casing Pres	sure (Shut-	-in)	Choke Size	)			
_ L		<u> </u>		-			<u></u>				
Ί. (	CERTIFICATE OF COMPLIANC	CE		OIL		тіом со 1967	TION COMMISSION				
	hereby certify that the rules and regulations of the Oil Conservat			APPROV	SEP 5	1007	90 <i>/</i> , 19				
(	hereby certify that the rules and regulations of the Oil Conserving of the Oil Conserving the commission have been complied with and that the information provided by the best of my knowledge and be			en							
a	bove is true and complete to the	pest of my know	ieage and belief.	}		_	_				
			TITLE SUPERVISOR DIST. #3								

(Signature)

(Date)

Administrative Clerk

August 31, 1967

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.

			ı						,		
ı	NO. OF COPIES RECEIVED	27	1								
	DISTRIBUTION	<u>'</u>		EW MEXICO OIL C	ONSERVATIO	NI COM	IICCION		F 0 10		
	SANTA FE	7	"	REQUEST	FOR ALL OV	MARIF	IISSION		Form C-10 Supersedes	-	and C-110
	FILE	1			ONSERVATION COMMISSION FOR ALLOWABLE AND MSPORT OIL AND NATURAL GA				Effective	1-1-65	
	U.S.G.S.		AUTHORI	ZATION TO CONT	RISPORT OF	L AND	NATURAL G	AS			
	LAND OFFICE	,	Eff	an Petro.							
	TRANSPORTER OIL GAS		Pan Americ	an Petro Tooks an Petro name to ad its name							
	OPERATOR	<b>.</b>	bas AMOC	0 11							
1.	PRORATION OFFICE										
	Operator PAN AMERICAN PERPETRIC CORPORATION										
	Address										
	Reason(s) for filing (Check pro										
	New We!1			in well n	ame,	from De	avis Mo	. 1-X			
	Recompletion			is Gas Com							
	Change in Ownership Casinghead Gas Condensate										
	f channel of amount in give name										
	If change of ownership give and address of previous own					•					
11.	DESCRIPTION OF WELL	ool Name, Including F	ormation		Kind of Lease		Lease No.				
	Lease Name  Davis Gas Com		1-X	kota		State, Federal	or Fee Indian I-149-IND-				
	Location	165	<u> </u>	Woman h		.650			West	8182	
	Unit Letter;	103	Feet From T		e and	.030	Feet From T	he in Ju			
	Line of Section 12	Tow	mship 27-1	Range	13-W	, NMPN	1,		<b></b>		County
	DEGRAMA AND AND AND AND	anona	TOP OF OIL A	ND MARKINAT CIA	.6						
111.	DESIGNATION OF TRAN Name of Authorized Transports			ND NATUKAL GA		address	to which approv	ed copy	of this form	is to be s	ent)
	Plateau		_								
	Name of Authorized Transporte	er of Cas	inghead Gas	or Dry Gas	Address (Give	address	to which approv	ed copy	of this form	is to be s	ent)
	6 P-776										
	If well produces oil or liquids,		Unit Sec.	Twp. Rge.	Is gas actuall	y connect	ed? Whe	n	1,75,00		
	give location of tanks.			<u> </u>			<u>_</u>				
	If this production is comming	gled wit	h that from any o	ther lease or pool,	give comming	ling orde	r number:				
	COMPLETION DATA		011			Workover	Deepen	Plug E	Rack Same	Res'v. D	ff Basty
	Designate Type of Con	mpletia		well Gds well	New Well	WOLKOVEL	Deapen	Prug E	, bame	Thesa, D	
	Date Spudded		Date Compl. Read	dy to Prod.	Total Depth			P.B.T	.D.	<u>i</u>	
	Date opudada										
	Elevations (DF, RKB, RT, GR	, etc.j	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
	Perforations							Depth	Casing Sho	ө	
					<u> </u>						
		TUBING, CASING, AN						· · · · · · · · · · · · · · · · · · ·	SACKS	CEMENT	
	HOLE SIZE		CASING &	TUBING SIZE		EPTH S	<u> </u>		37013	CEMENT	
					1						
V.	TEST DATA AND REQU	EST F	OR ALLOWABI	E (Test must be a	fter recovery of	total vol	ume of load oil	ind musi	be equal T	7407 may 6 8 d	top allow-
• •	OIL WELL			able for this de	pth or be for fu				100		
	Date First New Oil Run To To	inks	Date of Test		Producing Method (Flow, pump, gas lift					JLIV .	$D \setminus A$
			Tubing Pressure	Casing Pressure			Chok Size Co. T. * C				
	Length of Test		Tubing Pressure	Cdsing Pressure			2.10C 1E				
	Actual Prod. During Test		Oil-Bbis.	Water - Bbls.			Gas-Ideil Con CON			<del>, /-</del>	
	Actual Flour During 1000							Constru			
					<u></u>			<u></u>	-		
	GAS WELL										
	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
			•	Casing Pressure (Shut-in)							
	Testing Method (pitot, back pi	r.)	Tubing Pressure				Choke Size				
VI.	CERTIFICATE OF COM		OIL	CONSERVA	TION	COMMIS	SION				
		APPROVED OCT 16 1967									
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given				AFFROVED						
	Commission have been com above is true and complete	to the	best of my kno	By Original Staned by Editor				y C. 111110161			
					CHDEDWICOD DICT #6						
				TITLE			VIOUN DIDI, TU				

ORIGINAL SIGNED BY

(Signature)

(Date)

Administrative Assistant (Tiple)

October 13, 1967

This form is to be filed in compliance with RULE 1104.

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