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SANTA FE			
FILE		1	1
U.S.G.S.		1	Ī
LAND OFFICE			
IRANSPORTER	OIL		
INANGPORTER	GAS	1/	
OPERATOR		1	
PRORATION OF	ICE	7	
Operator	Pan	Ame	ri
Address			
	501	Air	po
Reason(s) for filing	(Check	prope	box
New Well			
Recompletion			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104		
Supersedes Old C-104	and	C-110
Effective 1-1-65		

FILE /	V REQUEST	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION-TO TRA	ANICHORE ON THE STATE OF	GAS
LAND OFFICE		.Ω•	
TRANSPORTER OIL	Fan Accricon Petro. Fan Accricon its news to has changed its news to have the hard to have th	Q	
GAS /	ran changed its moo.		
OPERATOR	has changed its has co.		
1. PRORATION OFFICE Operator			
1 '	rican Petroleum Corporation	n	
Address			
	port Drive, Farmington, New		
Reason(s) for filing (Check proper		Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry Go	is X	
Change in Ownership	Casinghead Gas Conder		
If change of ownership give name and address of previous owner _	ne		
II. DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including F	'ormation Kind of Le	2059
Lease Name	I I	1	Lease No. Lease No. 079596
C. M. Morris "A"	1 Fulctier Rucz 1	rictured Cliffs	rederal SF 0/9396
Unit Letter D	990 Feet From The North Lin	ne and 990 Feet Fro	om The West
Onit Letter;	Peet Floin File	1 66(1 10	
Line of Section 10	Township 27-N Range	10-W , NMPM,	San Juan County
		_	
II. DESIGNATION OF TRANSP Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA		proved copy of this form is to be sent)
Reme of Authorized Transporter of	. 0.1		, , , , , , , , , , , , , , , , , , , ,
Name of Authorized Transporter of	Casinghead Gas or Dry Gas X	Address (Give address to which ap	proved copy of this form is to be sent)
Southern Union Ga	therng Company	Box 398, Bloomfield	New Mexico 87413
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected?	When
give location of tanks.		Yes	August 2, 1970
	with that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Compl			
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
		1	Depth Casing Shoe
Perforations			Depth Cusing shoe
	TUBING, CASING, AND	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load (epth or be for full 24 hours)	oil and must be equal to or exceed top allow
Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas	s life, etc.)
			/ MASSACTIVE N
Length of Test	Tubing Pressure	Casing Pressure	Cheke Size
	Out Baye	Water - Bbls.	Gas-MCF 23 1970
Actual Prod. During Test	Oil-Bbis.	water- Dare.	SIL CON SOL
		<u> </u>	DIST 2
GAS WELL			3
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLI	ANCE	OIL CONSERVATION COMMISSION	
		APPROVED AUG 28	, 19 <u> </u>
Commission have been complic	and regulations of the Oil Conservation ed with and that the information given	Original Signed h	
above is true and complete to	the best of my knowledge and belief.	BY Original bighed in	y 11. II. IXCHAILEA
ONGINAL SIGNAL SY L. R. Tumer		TITLE PETROLEUM ENC	GINEER DIST. NO. 8
		This form is to be filed in compliance with RULE 1104.	
Es Inc		To this is a sequent for all	towable for a newly drilled or deepened
(Signature)	well, this form must be accome tests taken on the well in ac	manied by a tabulation of the deviation
Administrative	Assistant	tests taken on the well in ac	cordance with RULE 111.

(Title) August 27, 1970 (Date)

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.