AND U.S.G.S. LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE Petro. Petro.	
REQUEST FOR ALLOWABLE FILE U.S.G.S. LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE Petro. Corp. Petro. Corp. Petro. Corp. Petro. Corp. Petro. Corp.	
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U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE Petro. TRANSPORT OF TO TRANSPORT OIL AND NATURAL GAS	
TRANSPORTER OF THE PROPERTY OF	
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TRANSPORTER OF THE PROPERTY OF	
1 IRANSPURIER	
OPERATOR OPERATOR OPERATOR Description D	
OPERATOR LOS Chambon PROD.	
PRORATION OFFICE	
Operator	
PAN AMERICAN PETROLEUM CORPORATION	
Address	
501 Airport Drive, Farmington, New Mexico 87401	<u> </u>
Reason(s) for filing (Check proper box) Other (Please explain)	
New We!l Change in Transporter of:	
Recompletion Oil Dry Gas Change in well name, from Sh	inn Ma. 1
	rpp mo. r
Change in Ownership Casinghead Gas Condensate to Shipp Gas Com No. 1.	
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease	Lease No.
	070101
	SF 078101
Location	
Unit Letter 0; 790 Feet From The South Line and 1850 Feet From The La	
Line of Section 1 Township 27-W Range 13-W , NMPM, San Juan	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form i.	s to be sent)
(//)	
Platian: "Same of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form i	s to be cent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form i	, to be sem,
& 4.77 b	
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When	
give location of tanks.	
If this production is commingled with that from any other lease or pool, give commingling order number:	
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same F	Res'v. Diff. Res'v.
Designate Type of Completion - (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	
Later (DT, Kild, KT, GK, etc.)	
Durk College Shape	
Perforations Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS C	EMENT
	rexected top allow
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to	
OIL WELL able for this depth or be for full 24 hours)	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Other Test must be after recovery of total volume of load oil and must be equal to a ble for this depth or be for full 24 hours Producing Method (Flow, pump, gas lift, etc.)	LIFLU
OIL WELL able for this depth or be for full 24 hours)	1
OII. WELL Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test Challenge Steel	0 1007
OII. WELL 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	B JUL
OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	
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	
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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	
L. R. TURNER	
 (Signature)	
Administrative Clerk	

(Title)

October 13, 1967 (Date)

OCT 16 1967 ■ Original Signed by Emery C. Arnold

SUPERVISOR DIST. 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.