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U.S.G.S.		<u> </u>	L_
LAND OFFICE			L
IRANSPORTER	ANSBORTER		
INANSPORTER	GAS	1/	
OPERATOR		1	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

L	FILE / L		AND	0.46			
-	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL	Eff. 2-1-71,			
+	OIL		Pan A	merican Patro Mann			
	TRANSPORTER GAS /		nas c	hanged ivs neme to AMSCO TROP, Co.			
	OPERATOR /	4		And the Ω_{i} , Ω_{i}			
1.	PRORATION OFFICE Operator						
	•	N AMERICAN PETROLEUM CORPORATION					
-	Address						
		ve, Farmington, New Mexico					
	Reason(s) for filing (Check proper box		Other (Please explain)				
	New Well	Change in Transporter of: Oil Dry Gas	X				
1	Recompletion	Oil Dry Gas Casinghead Gas Condens	F 1				
L	Change in Ownership		Listed 1				
	f change of ownership give name						
a	and address of previous owner						
II. <u>J</u>	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including For	rmation Kind of Lea	ise Lease No.			
	Lease Name		a = . a.	ral or Fee Federal SF 077384			
-	M. N. Galt "F"	1 Fulcher Kutz P	Ictured CIIIIS				
		70 Feet From The South Line	and 990 Feet From	n The			
	Unit Letter M ; 99	Peet From The					
	Line of Section 1 To	wnship 27-N Range 10)-W , NMPM, Sa	n Juan County			
-	-						
III. J	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ot	TER OF OIL AND NATURAL GAS	Address (Give address to which app	roved copy of this form is to be sent)			
i	Name of Authorized Transporter of Or						
}	Name of Authorized Transporter of Co	isinghead Gas or Dry Gas 🛣	Address (Give address to which app	roved copy of this form is to be sent)			
İ	Southern Union Ga	4	Box 398, Bloomfield,	New Mexico 87413			
ŀ	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	give location of tanks.		Yes	August 2, 1970			
1	If this production is commingled w	ith that from any other lease or pool, g	give commingling order number:				
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completi	on = (X)					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
				Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	rubing Depth			
				Depth Casing Shoe			
	Perforations						
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	The state of the s	FOR ALLOWARIE (Test must be as	fer recovery of total volume of load	oil and must be equal to or exceed top allow			
V.	TEST DATA AND REQUEST I	able for this de	pth or be for full 24 hours)				
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	t lift, etc.)			
			Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure	Capturd Linearing				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
			i i				
	3.						
	GAS WELL		10.11 0.11 1.12	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Granity or Commentation			
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	I don't i tanama (ome-su)	•				
	CERTIFICATE OF COMPLIA	NCF	OIL CONSER	VATION COMMISSION			
VI.	CERTIFICATE OF COMPLIA	(10L	0110 - 0				
	I hereby certify that the rules and	regulations of the Oil Conservation	ALL KOVED				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. CRIGINAL SIGNED BY L. R. Turner		By Original Signed by A. R. Kendrick				
			TITLE PETROLEUM ENGINEER DIST. NO. 3				
			This form is to be filed in compliance with RULE 1104.				
				weeking by a impulation of the daters.			
	(Signature) Administrative Assistant (Title) August 27, 1970		All sections of this form must be filled out completely for allow able on new and recompleted wells.				
		Date)	i mail name or number, or transporter, or other score				
			Separate Forms C-104 to completed wells.	Separate Forms C-104 must be filed for each pool in multipl completed wells.			