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}	NEW MEXICO OIL CO				ISSION	Form C-104	NJ C 104 J C 114
ł	511.5		REQUEST	FOR ALLOWABLE		Effective 1-1)ld C-104 and C-11(-65
1	U.S.G.S.			AND		_	
	LAND OFFICE	AUTHORIZ	ATION TO TRA	INSPORT OIL AND I	NATURAL GA	5	
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	TRANSPORTER	-				(2)	
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	PAN AMERICAN PI	ETROLEUM CORP	ORATION			1 . 20 %	3 1969
-	Address					OIL CON	- CO11
	501 Airport Brive, Farmington, New Mexico 87401 DIST. 3						
	Reason(s) for filing (Check proper box) Other (Please explain)						
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	Recompletion	Oil	Dry Go	s [
	Change in Ownership	Casinghead Ga		77			
i	Change in Owner on p		301123				
	If change of ownership give name						
	and address of previous owner						
	DESCRIPTION OF WELL AND	T E A CE					
ш.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool	Name, Including F	ormation	Kind of Lease		Lease No.
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ш.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil	or Conden	NATURAL GA	Address (Give address	to which approved	l copy of this form is	s to be sent)
	Plateau, Inc.			Address (Give address	ington, met	d mexico 8/	4UL
	Name of Authorized Transporter of Casinghead Gas or Dry Gas /						
	Southern Union Gas Co	EDSHY		lex 750. Farm		w Mayica X7	401
					ington, Mer	W ASSESSED OF	
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IV.	If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded 11-29-68 Elevations (DF, RKB, RT, GR, etc.) GL 5761', RDB 5772' Perforations 6104-08' x 4 SPF; 6154 HOLE SIZE 12-1/4" 7-7/8" TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 4455 (AOF 5024)	Unit Sec. B 6 th that from any other con — (X) Date Compl. Ready 1-14-65 Name of Producing Pakota -79° x 2 SP7; TUBII CASING & T 8-5/8" - 2 4-1/2" - 1 2-3/8" - 4 OR ALLOWABLE Date of Test Tubing Pressure Oil-Bbls.	27 low ner lease or pool, oner lease or pool,	Is gas actually connect No give commingling order New Well Workover Total Depth 6439 Top Oil/Gas Pay 6104 6250-57 × 2 SP CEMENTING RECOR DEPTH S 338 6439 6077 fter recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure Water-Bbls.	Deepen Deepen	Plug Back Same R P.B.T.D. 6 Tubing Depth 6 Depth Casing Shoe 6 SACKS CI 24 192 d must be equal to o etc.) Choke Size Gas-MCF	es'v. Diff. Res'v. 423' 077' 439' EMENT 4 5
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v.	If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded 11-29-68 Elevations (DF, RKB, RT, GR, etc.) GL 5761', RDB 5772' Perforations 6104-08' x 4 SPF; 6154 HOLE SIZE 12-1/4" 7-7/8" TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 4455 (AOF 5024) Testing Method (pitot, back pr.)	Unit Sec. B 6 th that from any other con — (X) Date Compl. Ready 1-14-65 Name of Producing Pakota -79° x 2 SP7; TUBII CASING & T 8-5/8** - 2 4-1/2** - 1 2-3/8** - 4 OR ALLOWABLE Date of Test Tubing Pressure Oil-Bbls. Length of Test 3 hr. Tubing Pressure (8) 1837 pteriods	27M 10W ner lease or pool, cli Gas Well X to Prod. Formation 6224-36* NG, CASING, ANI UBING SIZE 44* 10.54* 1.74* (Test must be a able for this de	Is gas actually connect No give commingling order New Well Workover Total Depth 6439 Top Oil/Gas Pay 6104 6250-57' × 2 SP CEMENTING RECOR DEPTH S 338 6439 6077 Ifter recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure Water-Bbls. Bbls. Condensate/MMC Casing Pressure (Shut 1837 ps1g	Poepen Deepen Deepen Deepen Deepen Deepen Deepen Population Population	Plug Back Same R P.B.T.D. 6 Tubing Depth 6 SACKS CI 24 192 d must be equal to o etc.) Choke Size Gravity of Condense Choke Size 10N COMMISSI	es'v. Diff. Res'v. 423' 077' 439' EMENT 45 r exceed top allow-
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V.	If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded 11-29-68 Elevations (DF, RKB, RT, GR, etc.,) GL 5761', RDB 5772' Perforations 6104-08' x 4 SPF; 6154 HOLE SIZE 12-1/4" 7-7/8" TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 4455 (AOF 5024) Testing Method (pitot, back pr.) Open Flow w/choke CERTIFICATE OF COMPLIAN	Unit Sec. D 6 th that from any other on - (X) Date Compl. Ready 1-14-65 Name of Producing Dakota -79' x 2 3PF; TUBII CASING & T 8-5/8" - 2 4-1/2" - 1 2-3/8" - 4 OR ALLOWABLE Date of Test Tubing Pressure Oil-Bbls. Length of Test 3 hr. Tubing Pressure (s 1837 pi	27 low ner lease or pool, oner lease or pool,	Is gas actually connect No give commingling order New Well Workover Total Depth 6439 Top Oil/Gas Pay 6104 6250-57' × 2 SP CEMENTING RECOR DEPTH S 338 6439 6077 Iter recovery of total volument or be for full 24 hours Producing Method (Flow Casing Pressure Water-Bbls. Bbls. Condensate/MMC Casing Pressure (Shutter) 1837 psig OIL APPROVED	Poepen Deepen Deepen Deepen Deepen Deepen Deepen Deepen Conservation	Plug Back Same R P.B.T.D. 6 Tubing Depth 6 SACKS CI 24 192 d must be equal to o etc.) Choke Size Gravity of Condense Choke Size 10N COMMISSI FEB	es'v. Diff. Res'v. 423' 077' 439' EMENT 4 5 r exceed top allow-
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This form is to be filed in compliance with RULE 1104.

TITLE __

(Signature)

Area Engineer (Title)

February 21, 1969 (Date)

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.

SUPERVISOR DICT: #1

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.

