. OF COPIES RECEIVED			5	
DISTRIBUTION		<u> </u>		
SANTA FE		1		
FILE		1	_	
U.S.G.S.		Ĺ		
LAND OFFICE				
TRANSPORTER	OIL	<u> </u>	<u> </u>	
	GAS			
OPERATOR		2	<u> </u>	
PROPATION OF	FICE	Ĺ	<u> </u>	
^				

111.

IV.

	DISTRIBUTION / SANTA FE / FILE /	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
1	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS /  OPERATOR  PRORATION OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL	GAS	
•	Operator Clinton Oil (	Company Operating	Division		
	217 North Water Wichita, Kansas 67202				
	eason(s) for filing (Check proper box)  Other (Please explain)				
	New We!1 Change in Transporter of:  Recompletion Oil Dry Gas  Change in Ownership Casinghead Gas Condensate				
	If change of ownership give name and address of previous owner	Pan American Petroleu	ım Corp.		
II DESCRIPTION OF WELL AND LEASE					
	Gallegos Canyon Unit	Well No. Fool Name, Including Fo   35   West Kutz Pic		Lease No. 1914 or Fee Federal <b>3</b> 149 Ind8476	
	Location K 1650	e and 1650 Feet From	The West		
	20	nship 28N Range 1	2W , <sub>NMFM</sub> , San .	Juan County	
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S	round conv of this form is to be sent)	
Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to o					
	Name of Authorized Transporter of Cast El Paso Natural Gas	nghead Gas or Dry Gas 🛣 CO.	Address (Give address to which app Farmington, New M	roved copy of this form is to be sent)  exico	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	is gas actually connected? Yes	Vhen	
	If this production is commingled with COMPLETION DATA	that from any other lease or pool, a	give commingling order number:		
3 T .	Designate Type of Completion		New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
	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	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable 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	Chake Sile LD	
	Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas-MCF 0 1970	
			<u> </u>	ON. COM	
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity; 31 Sandenarie	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			OIL CONSER'	VATION COMMISSION	
VI.	CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Commission have been complled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JUL 1 (, 1970)  BY Original Signed by Linery C. Arnold		
			TITLESUPERVISOR DIST. #9		
	(d/11) had . D. Do		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despended to the deviation of the deviation.		
	1 (Signature)		well, this form must be accompanied by a tabulation of the design taken on the well in accordance with RULE 111.		
Producted Clerk			All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	7-2-	70	Fill out only Sections I well name or number, or trans	, II. III, and VI for changes of owner, porter, or other such change of condition.	
			Separate Forms C-104 must be filed for each pool in multiply completed wells.		