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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Pan American Petroleum Corp. AND
has changed its name to
AMOCO PROD. CO.

Operator Pan American Petroleum Corporation	
Address Security Life Building, Denver, Colorado 80202	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Lease No. 216	Well No. 216	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter N ; 1150 Feet From The South Line and 1850 Feet From The West				
Line of Section 14 Township 28N Range 12W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	Box 108, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit 14	Sec. 28N	Twp. 12W	Rge. No	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 1-11-66	Date Compl. Ready to Prod. 2-6-66		Total Depth 6292		P.B.T.D. 6258			
Elevations (DF, RKB, RT, GR, etc.) 5732 RDB, 5738 GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 6104		Tubing Depth 6184			
Perforations 6104-13, 6116-22, 6174-6202, 6209-18					Depth Casing Shoe 6292			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		374		225			
7-7/8"	4-1/2"		6292		1500			
	2-3/8"		6184					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be for at least 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
			MAR 3 1966
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			OIL CON. COM. DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 10,268	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 796	Casing Pressure 1616	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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.

D. I. Tollefson (Signature)

Administrative Assistant (Title)

February 28, 1966 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 4 1966** , 19
Original Signed By
BY **A. R. KENDRICK**
TITLE **PETROLEUM ENGINEER DIST NO 3**

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.