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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Eff. 2-1-66  
Pan American Petro. Co.  
has changed its name to  
AMOCO PROD. CO.

1. Operator <b>PAN AMERICAN PETROLEUM CORPORATION</b>	
Address <b>Security Life Building - Denver, Colorado 80202</b>	
Reason(s) for filing (Check proper box)	
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 <b>Gallegos Canyon Unit</b>	Lease No. <b>214</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>B</b>	<b>910</b>	Feet From The <b>West</b> Line and <b>2460</b> Feet From The <b>East</b>	
Line of Section <b>16</b>	Township <b>28N</b>	Range <b>12W</b>	NMPM, <b>San Juan</b> 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)					
<b>Plateau, Inc.</b>	<b>Box 103 - Farmington, New Mexico</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Co</b>	<b>Box 990 - Farmington, New Mexico</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>16</b>	<b>28N</b>	<b>12W</b>		<b>No</b>	

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

V. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>1/20/66</b>	Date Compl. Ready to Prod. <b>2/16/66</b>		Total Depth <b>6011</b>		P.B.T.D. <b>5977</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5436 RTB, 5425 GR</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>5312</b>		Tubing Depth <b>5825</b>			
Perforations <b>5812-5825, 5892-5900, 5906-5916</b>					Depth Casing Shoe <b>6011</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>347</b>		<b>215</b>			
<b>7 7/8"</b>	<b>4 1/2"</b>		<b>6011</b>		<b>1500</b>			
	<b>2 3/8"</b>		<b>5825</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL			
Actual Prod. Test-MCF/D <b>3793</b>	Length of Test <b>3 hrs</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure <b>307</b>	Casing Pressure <b>947</b>	Choke Size <b>3/4"</b>

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>MAR 14 1966</u> , 19____	
		BY <u>Original Signed Emery C. Arno</u>	
		TITLE <u>Supervisor Dist. # 3</u>	
D. I. Tollefson (Signature) Administrative Assistant (Title) March 8, 1966 (Date)		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.	