NO. OF COPIES RECEIVED			5
DISTRIBUTION			
SANTA FE			
FILÉ		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
THANG! SKITEK	GAS	,	
OPERATOR		1	
PRORATION OFFICE		'	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

	LAND OFFICE	Fif. 2-1-(2). C	OTO *		
	TRANSPORTER OIL /	Pan American Petro. Co. has changed its name has changed PROD. Co.	to		
	GAS ,	has changed its has changed prop. co.			
-	OPERATOR /	has chooco PROD.			
I.	PRORATION OFFICE Operator				
	•				
}	Address	eleum Corporation			
		14ins - Benney Balancia			
-	Reason(s) for filing (Check proper box	<u>lding - Denver, Colorado</u>	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Ga	ıs 🗀		
	Change in Ownership	Casinghead Gas Conder	nsate		
L					
	If change of ownership give name and address of previous owner				
	and address of provious owner.				
II.	DESCRIPTION OF WELL AND				
Ī	Lease Name	3,7-3,7	me, Including Formation	Kind of Lease	
	Gallagos Camyon Uni	t 231 B	esia Daketa	State, Federal or Fee Federal	
	Location				
	Unit Letter; 790	Feet From The HOTCH Lin	ne andFeet Fro	m The East	
	47			Country	
l	Line of Section 27 To	wnship 28-1 Range 12	, NMPM,	County	
		TOD OF OUR AND NATURAL CA	15		
ш.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which app	proved copy of this form is to be sent)	
					
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas T	Address (Give address to which ap)	proved copy of this form is to be sent)	
	El Paso Matural Gas	Unit Sec. Twp. Rge.	ls gas actually connected?	When	
	If well produces oil or liquids, give location of tanks.	B 27 28-H 12-H	l lo		
i			<u> </u>		
	If this production is commingled will COMPLETION DATA	th that from any other lease or pool,	give comminging order number.		
• • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
	Designate Type of Completion	on - (X)	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	2-25-66	4-7-66	6205	6195	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	193 5747	Dekota	3991	6041	
	Perforations	5, 6043-6051, 6023-6030		Depth Casing Shoe 6205	
	0103-01/9, 0033-011	· · · · · · · · · · · · · · · · · · ·	D CENENTING DECORD	6403	
			D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE		225	
	12 1/4"	8 5/8"	366		
	7 7/8"	2 3/8"	6205 6041	1450	
		2 3/8"			
	THE PART AND DECLIFER F	OD ATTOWARTE (Translation	for an analysis of land	oil and must be equal to as succeed top allow	
V.	TEST DATA AND REQUEST FOIL WELL	able for this de	ifter recovery of total volume of load epth or be for full 24 hours)	ott ana must be equal to seed top attou	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)	
				KLPLIATD /	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				MAY 1 0 1966	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gan-NCF OIL CON. COM.	
				and the second s	
				0151.5	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	7262	3 hr			
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
	Back pressure	577	1203	3/4"	
VI.	CERTIFICATE OF COMPLIAN	ICE	- 11	VATION 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.		MAY 1 1 19	66		
		APPROVED			
		By Original Signed by Emery C. Arnold			
		ii			
		TITLE SUPERVISOR DIST. #3			

ORIGINAL SIGNED BY D. I. TOLLEFSON

D. I. Tellefece

(Signature)
Administrative Assistant

4721-66

(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.

TABULATION OF DEVIATION TESTS

PAN AMERICAN PETROLEUM CORPORATION

<u>DEPTH</u>	DEVIATION
367' 759'	1/22
1161'	1/2° 3/4°
1364'	3/40
1782'	10
2181'	3/4*
2561'	1 1/20
2982'	1.
3012'	1 1/4*
3315'	1 1/4*
3915'	10
4387'	1 1/40
4788'	10
3098' 5346'	1 1/20
56331	1 1/2° 1 1/2°
	A 4/4"

AFFIDAVII

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on PAN AMERICAN PETROLEUM CORPORATION'S Galleges Genyon Bait Holl 231 located 790' FML and 1450' FML Section 27, T-28-M, R-12-W, San Juan County, New Maxico

	Original signed by Tollefson Signed D. I. Tollefson Title
THE STATE OF COLORADO)	
COUNTY OF DENVER)	
BEFORE ME, the undersigned authority, o appeared know	n to me to be
person whose name is subscribed to the	above statement, who
being by me duly sworn on cath, states the facts stated herein and that said s correct.	that he has knowledge of MAY 10 1966 of tatement is true and OIL CON. COM.
SUBSCRIBED AND SWORN TO before me, a No said County and State this 6.16	ctary Public in and for

My Commission Expires 3-12-67