	NO. OF COPIES RECEIVED			
	DISTRIBUTION 6	NEW MEXICO OIL 13	ONE TERM HENCHALD IN NOTE.	Porm C-104
	SANTA FE	AUTHORIZATION CONTRACTOR Changed to Changed PROD. CO.	HOR / LUOWA H.E	Supersedes Old C-104 and C-11
	FILE	• 71.	AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZA TOLITO		. The same of the
	LAND OFFICE	Pan American Person to the changed its rate to has changed FROD. CO.		
	TRANSPORTER OIL /	Pan America its to co.  has changed FROD. CO.  AMOCO FROD.		
		has Charles Phone		
	OPERATOR /	· Build		
1.	PRORATION OFFICE Operator			
	መልክ፤ ለንለምነን ፓርላት፣ የኦሞምን <b>ሰ</b> ና ዊሃ	M COPPODATION		
	PAN AMERICAN PETROLEUM CORPORATION Address			
	Security Life Buildia	g Denver, Colorado 8	R0 <b>2</b> 02	
	Reason(s) for filing (Check proper box)	5 Parter, Goronaus	,	
	New Well	Change in Transporter of:		
	Recompletion	Cil Ciry sta		
	Change in Ownership Casinghead Gas Condensate			
	If change of ownership give name and address of previous owner			
	•			
II.	DESCRIPTION OF WELL AND I	EASE	eren e	
	Lease Name Lease No. Well No. 1 W		* 12	Since of Education
	Gallegos Canyon Unit	224 Basi:	Dakota	Sime, Federal of Fee Federal
	Location			
	Unit Letter G : 1515	Feet From The North	1600	Rast Last
	_		_	
	Line of Section 18 Town	nship 28N file of 1	2W	San Juan County
	Process American of mp Angpoper		ou .	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL 5	** · · · · · · · · · · · · · · · · · ·	some growest or the state form is to be sent)
				•
	Plateau, Incorporated Name of Authorized Transporter of Casi	nghead Gas er Dry Cas 🛣	P. O. BOX 108, F	ermington, New Mexico
			D 0 D 000 D	
	El Paso Matural Gas C	Ompany Unit Sec. (wr. 1994)	P. O. BOX 390, F	armington, New Mexico
	If well produces oil or liquids, give location of tanks.	G 18 28N 12W	NO	
	TO A CONTRACT OF THE PARTY OF T			
	If this production is commingled with COMPLETION DATA	i that from any other / Fill or profit	· · · · · · · · · · · · · · · · · · ·	- Company Comp
		Oil Well Cas (81)		egal. Diff. Restv. Diff. Restv.
	Designate Type of Completion	Date Compl. Ready to Pros.	X .	
	Date Spudded	Date Compl. Ready to Pros.		1.7.20.1.20.
	3/18/66	4/25/66 Name of Producing Formati	6184	6150
	Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formatt		Tild hij Depth
	RDB 5654	Dakota	5976	6041
	Perforations			we in desing shoe
	6107-6127, 6020-6035			6184
		TUBING CAS NO. 450		A
	HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT
	12-1/4"	8-5/8"		
	7=7/8"			1450
		2-3/8"	6041	
		D AS TOWARD F	The second secon	
V.	OIL WELL	R ALLOWABLE (Test miss be a) able for this in Date of Test	international description of the second of t	lead oil and a usi he equal to or exceed top allow-
	Date First New Cil Run To Tanks	Date of Test	Toyen a language to the contract of	ng. gos lift, cic.
	Length of Test	Tubing Pressure	The second second	Choke Size
	Actual Prod. During Test	Oll-Bbis.	e de la companya del companya de la companya del companya de la co	Gas / C
				/RILIVAN\
	<u> </u>		and the second of the second o	The Day Tanks
	GAS WELL			MAY 27 Lace
	Actual Prod. Test-MCF/D	Length of Test	Dila comensidad ADF	Gravity of Condens of 6
	9528	3 hr		OIL CON. COM./
	Testing Method (pitot, back pr.,	Tubing Pressure	1 Co. 388 N. 9	Choke SiDIST. 3
	Back Pressure	7/./.	1352	
VI.	CERTIFICATE OF COMPLIANC	• • •	OFF CON	SERVATION COMMISSION
			M	AY 3.1 1966
	I hereby certify that the rules and re	gulations of the Oil Conservation	TARRESOMES TOTAL	, IS
	Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and belief		Original Signed by Emery C. Arnold	
	above is true and complete to the pest of my knowledge and center .		Per 1 - Consideration of the control	
	ODIONAL COMED BY		SUPERVISOR DIST. #3	
	ORIGINAL SIGNED BY		This form is to be filed in compliance with RULE 1104.	
	D. I. TOLLEFSON  D. I. Tollefson		the sign and extract for allowable for a newly drilled or deepened	
	(Signature)		a sit this form must be accompanied by a tabulation of the deviation	
			tests taken on the well in accordance with RULE 111.	
	Administrative Assistant (Title)		all seathers of this form must be filled out completely for allow- able on new and recompleted wells.	
	May 25, 1966		Salt aut sply Sections I. II. III. and VI for changes of owner,	
	(Dat		well name or number, or t	transporter, or other such change of condition.
			Separate Forms C-	104 must be filed for each pool in multiply
			on saleied wells.	