|     | DISTRIBUTION   | NEW MEXICO CILLO              | DNSERVATION (TWEELS ON   | Form C -104                                     |
|-----|--|-------------------------------|--|---|
|     | SANTA FE   | i                             | FOR ALLOWAL F  | Supersedes Old C-104 and C-116 Effective 1-1-65 |
|     | U.S.G.S.   | AUTHORIZATION TO TPA          | TANO<br>NSPORTÁLIA (SAMITURA DE  | 4S  |
|     | LAND OFFICE  |                               |  |   |
|     | TRANSPORTER GAS  |                               |  |   |
|     | PRORATION OFFICE   |                               |  |   |
| 1.  | Operator PAX AMERICAN PETRO  | TENNY ANDRONAPTEM             |  |   |
|     | Address  | TOON WORLDWALLOW              |  |   |
|     |  | lding, Denver, Colorado       |  |   |
|     | Reason(s) for filing (Check proper box New Well  | Change in Transporter of:     | er y   |   |
|     | Recompletion Change to Company to  | Oil Dry Gar                   |  |   |
|     | Change in Cwnership  | Casinghead Gas [ ] Conden-    | 50   |   |
|     | If change of ownership give name and address of previous owner   |                               |  |   |
| II. | DESCRIPTION OF WELL AND  | LEASE                         |  |   |
|     | Lease Name  Gallegos Gazyon Wait   |                               | e, im lette o with   | Find of Lease Little, Federal or Fee            |
|     | Location   |                               |  |   |
|     | Unit Letter 6; 10  | 690 Feet From The North Line  | e and1570  | Rast  |
|     | Line of Section 19 To  | wnship <b>29N</b> Range       | 12W Sen. 3   | Tues County                                     |
|     |  |                               | N  |   |
| Ш.  | Name of Authorized Transporter of Ci   | TER OF OH. AND NATURAL GA     | Address a reaction of hacprose   | d copy of this form is to be sent)              |
|     | Graves 011 Company Name of Authorized Transporter of Ca  | singhead Gas Tor Ory Gas T    | P. O. Box 2087, Farming  |   |
|     | Pan American Gas Compan  |                               | Security Life Building   |   |
|     | If well produces oil or liquids, give location of tanks.   | Unit Sec. The Rige.           | ta yau mili  | Not Available                                   |
|     |  |                               |  |   |
| IV. | COMPLETION DATA  | Cii Well   Cas Well           |  | Same Restv. Diff. Restv.                        |
|     | Designate Type of Completi   | on $-(X)$                     | •  | 1   |
|     | Date Spudded   | ·                             | <u> </u>   |   |
|     | Elevations (DF, RKB, RT, GR, etc.,   | Name of Producing Formation   |  | Trusted Depth                                   |
|     | D-4  |                               |  | Dogth Casing Shoe                               |
|     | Petrorations   |                               |  |   |
|     |  | TUBING, CASING, AND           | CSHEWY BAFFORM   |   |
|     | HOLE SIZE  |                               | 277  |   |
|     |  |                               |  |   |
|     |  |                               |  |   |
| V.  |  | OR ALLOWABLE (Test must be af | ter recovery of them soliters of total all a<br>other be solved 14 february  | ad must be equal to or exceed top allow-        |
|     | OIL WELL Date First New Oil Run To Tanks   | Date of Test                  | Predector, My and I low, pump, gas lift  | , etc.)   |
|     | Length of Test   | Tubing Pressure               | Casino i respute   | Choke Size                                      |
|     | Length of Yest   | . about , read and            |  | COLUM   |
|     | Actual Prod. During Test   | Oil-Bbls.                     | Model (Cole)   | Gas ATT.TIVED                                   |
|     |  |                               |  |   |
|     | GAS WELL Actual Prod. Test-MCF/D   | Length of Test                | Bbls Condensate/MMOF   | SEP 28 1965                                     |
|     | Actual Float 1001-WC17B  |                               |  | OIL CON. COM.                                   |
|     | Testing Method (pitot, back pr.)   | Tubing Pressure               | (Jasur) (massus  | Choke Siz DIST. 3                               |
| VI. | CERTIFICATE OF COMPLIAN  | ICE                           | OIL CONSERVAT  | TION COMMISSION                                 |
| · . |  |                               | APPROVED SEP 2.8 1965  |   |
|     | 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.   |                               | Original Signed  |   |
|     |  |                               | Supervisor Dist. # 3   |   |
|     | ر المراجع المر<br>المراجع المراجع المراج   |                               |  |   |
|     | Company of the State of the Sta |                               | This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened   |   |
|     | (Signature)  |                               | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  |   |
|     | Administrative Assists   | mt<br>itle)                   |  | t be filled out completely for allow-           |
|     |  |                               | ANALY SILVERY COMPANY TO THE PARTY OF THE PA |   |

(Date)

September 27, 1965

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.