NO. CF COPIES RECEIVED DISTRIBUTION SANTA FE / FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator PAN AMERICAN PS	AUTHORIZATION TO J Pan Americ has change	CONSERVATION CONST FOR ALLOWABLE AND RANSPORT OIL AND Can Fetro. Cimp. ed its name to PROD. CO.		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 NOV 1 4 1967 OIL CON. COM. DIST. 3	
Address 501 Airport Bris	re, Farmington, New Mex	nico 87401			
Reason(s) for filing (Check proper bos New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry	Other (Plea	ise explain) ine spot sa i tank bott	le to dispose of 5000	
If change of ownership give name and address of previous owner					
		ng Formation Kind of Lec State, Fede		Lease No. eral or Fee FederalI-89-IEB-58	
Location Unit Letter ;)50 Feet From The North	Line and	Feet From T	he	
Line of Section To	wnship Range	16-W	Sen PM,	Juan County	
Name of Authorized Transporter of Of Plateau Inc. Name of Authorized Transporter of Co	Address (Give address Address (Give address)	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, Herr Hexico Address (Give address to which approved copy of this form is to be sent) Is gas actually connected? When			
If well produces oil or liquids, give location of tanks. If this production is commingled w	J 19 29N 10		der number:		
Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Oil Well Gas Wel			Plug Back Same Res'v. Diff. Res' P.B.T.D. Tubing Depth	
Perforations				Depth Casing Shoe	
		AND CEMENTING REC		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	JET IT			
7. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must able for thi	ls depth or be for full 24 ho	ours)	nd must be equal to or exceed top all	
Date First New Oil Run To Tanks	Date of Test	Producing Method (F	low, pump, gas lift	Choke Size	
Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bbls.		Gas-MCF	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/M	MCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Si	nut-in)	Choke Size	
I. CERTIFICATE OF COMPLIA	NCE	01	L CONSERVA	TION COMMISSION	
I hereby certify that the rules and Commission have been complied above is true and complete to the	ven	En Cene			
C	Tf this is a	TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
(Sia Administra	well this form r				

(Signature) Administrative Assistant

(Title)

(Date)

Hovember 13, 1967

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.