| | | | 1 |
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| NO. OF COPIES RECEIVED | | | |
| SANTA FE / | | CONSERVATION COMMISSION | Form C-104 Supersedes Old C-104 and C |
| FILE / | REQUEST FOR ALLOWABLE AND | | Effective 1-1-65 |
| U.S.G.S. | ALITHORIZATION TO TRANSPORT OIL AND MATE | | _ GAS |
| LAND OFFICE OIL / | Fan American Petro. Co | orb. | |
| TRANSPORTER GAS / | - marican i name | to | OF ILA |
| OPERATOR / | has changed its man changed its man changed its man co. | | /AH.FIVEN |
| PRORATION OFFICE Operator | AMOGO | | ISPORTATO / |
| Pan American Petroleu | m Corporation | | JAN . 1966 |
| Address | | | OF CON. COM. |
| Security Life Building Reason(s) for filing (Check proper box | | Other (Please explain) | DIST. 3 |
| New Well | Change in Transporter of: | Omer (Frease explain) | |
| Recompletion | Oil Dry Go | as 🔲 | |
| Change in Ownership | Casinghead Gas Conder | nsate | |
| If change of ownership give name | | | |
| and address of previous owner | | | |
| DESCRIPTION OF WELL AND | | me, Including Formation | Kind of Lease |
| Galleges Canyon Unit | | asin Dakota | State, Federal or Fee |
| Location | | | |
| Unit Letter # ; 79 | Feet From The South Lin | ne and 990 Feet Fro | om The West |
| Line of Section 29 To | wnship 291 Range | 124 , NMPM, Sa | n Juan Count |
| Eme or bootton | Transport Transport | , 1101 NJ | a o deat |
| | TER OF OIL AND NATURAL GA | | |
| Name of Authorized Transporter of Oil | | | proved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | | Box 108, Farmington, New Maxico Address (Give address to which approved copy of this form is to be sent) | |
| El Pase Matural Gas Co | | Box 990, Farmington, | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? | When |
| | | | |
| t this production is commingled wincompleted windows the completion of the complete windows in the commingled windows in the commingle windows in the commination windows in the commingle windows in the commingle windows i | th that from any other lease or pool, | give commingling order number: | |
| Designate Type of Completic | Oil Well Gas Well on $-(X)$ | New Well Workover Deepen | Plug Back Same Resty. Diff. Res |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 11/7/65 | 12/12/65 | 5962 | 5927 |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| 5373 EDB, 5360 GR Perforations | Baketa | 5806 | 5826 Depth Casing Shoe |
| 5806-5816, 5 | 254-9914 | | 5962 |
| | | CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 359 | 235 |
| 7 7/8" | 4 1/2" 2 3/8" | 3962 3826 | 1500 |
| | | | |
| TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be a | fter recovery of total volume of load of the point of the for full 24 hours | oil and must be equal to or exceed top all |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | : lift, etc.) |
| | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas - MCF |
| trainer i tout mustry t and | | 1 | |
| | - | | |
| GAS WELL | I anoth of Tast | Phie Condenger ABICE | Grantty of Condensate |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |
| Beck Pressure | 441 | 841 | 3/4" |
| CERTIFICATE OF COMPLIAN | CE | OIL CONSER | VATION COMMISSION |
| | 4 A A A A A A A A A A A A A A A A A A A | APPROVED JAN 5 196 | 55 |
| Commission have been complied | regulations of the Oil Conservation with and that the information given | | Emery C. Arnold |
| above is true and complete to the | e best of my knowledge and belief. | | |
| | | TITLE Supervisor Dist. # | <u> </u> |
| ORIGINAL SIGNED BY | | This form is to be filed i | n compliance with RULE 1104. |
| D. I. TOLLEFSON | B.I. Tellefren | If this is a request for all | lowable for a newly drilled or deeper |
| | ature) | tests taken on the well in ac | |
| Administrative Assists | et | All sections of this form | must be filled out completely for allowells. |
| Becember 27, 1965 | | able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owne | |
| | | 11 | tibros or estar gueb change of conditi |
| | ate) | 11 | orter, or other such change of conditions be filed for each pool in multi- |