			. /
NO. OF COPIES RECEIVED DISTRIBUTION SANTA E FILE U.S.G.S.	REC	O OIL CONSERVATION COMMISSION QUEST FOR ALLOWABLE AND TO TRANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65 AL GAS
LAND OFFICE I RANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE Control	Pan American Petro has changed its na	me to	
PAN AMERICAN PETROLI Address P. O. Box 480, Farmi			
Reason(s) for filing (Geck proper Hew Wei) Hecompletion Thinge in Ownership If change of ownership give nam	Change ir. Transporter of: Oil Casinghead Gas	Other (Please explain) Dry Gas Condensate	
and address of previous owner_ . DESCRIPTION OF WELL AN Lease Table Gas Unit **P	D LEASE	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee
Location	.750 So	uth 870	East
		9-W , NMPM,	an Juan County
Name of Authorized Transporter of Plateau, Inc.	Oil or Condensate	P. O. Box 108, Farm	
Name of Authorized Transporter of El Paso Hatural Gas	Casinghead Gas or Dry Gas Company	Address (Give address to which of P. O. Box 990, Farm	approved copy of this form is to be sent) ington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge. Is gas actually connected?	When
If this production is commingled V. COMPLETION DATA		or pool, give commingling order number	
Designate Type of Compl	etion - (X)	s Well New Well Workover Deeps	
Date Spudded March 1, 1965	Date Compl. Ready to Prod. March 21, 196		P.B.T.D. 6835
Basin Dakota	Name of Producing Formation Dakota 2 Shats Per Foot	Top Oil/Gas Pay	Tubing Depth 6716
Porforgtions	2 Shots Per Foot		Depth Casing Shoe 6870
		ING, AND CEMENTING RECORD	SACKS CEMENT
13-3/4"	CASING & TUBING S	292	225 Sacks
9-7/8"	7-5/8*	2538	600 Sacks
6-3/4*	4-1/2	6570 6716	500 Sacks
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test able)	for this depth or be for full 24 hours)	nd oil and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	FRIT. SIVEN

Water-Bbls. Oil-Bbls. APR 5 Actual Prod. During Test 1965

OIL CON. COM. DIST. S **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test 3 Hours Choke Size Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure 3/4" Back Pressure 300 900

VI. CERTIFICATE OF COMPLIANCE

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.

CRIGINAL SIGNED BY

Administrative (Signature) (Title) April 1, 1965

 $\overline{(Date)}$

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.

OIL CONSERVATION COMMISSION

1965

BY Original Signed Emery C. Arnold

APR 5

TITLE Supervisor Dist. # 3

APPROVED

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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

ELLIOTT GAS UNIT "N" #1

2921 1/20 689 3/4 1086 3/4 1285 3/4 1708 1 2960 1-3/4 3360 1-1/2	ON
3760 1-1/4 4140 1 4570 1 4970 1 5470 1-1/4 5870 2 6270 2-1/2 6680 2-3/4 6870 2-3/4	

AFFIDAVIT

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 Elliott Gas Unit "H", Well Ho. 1 located in the MAYA Section 33, T-30-W, R-9-W, San Juan County, New Mexico.

Signed Frank H Hallacquit

Petroleum Engineer

THE STATE OF NEW MEXICO)

SS
COUNTY OF SAN JUAN

BEFORE ME, the undersigned authority, on this day personally appeared known to me to be Petroleum for Pan American Petroleum Corporation and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and CIL COM. COM. COM.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this _____ day of ________,1965

Notary Public