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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
PAN AMERICAN PETROLEUM CORPORATION

Address
P. O. Box 480, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name King Gas Unit	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter B ; 790 Feet From The North Line and 1850 Feet From The East Line of Section 29 , Township 30-N Range 13-W , NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	P. O. Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit B Sec. 29 Twp. 30N Rge. 13W Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded February 17, 1965	Date Compl. Ready to Prod. March 21, 1965	Total Depth 6100	P.B.T.D. 6064					
Pool Basin	Name of Producing Formation Dakota	Top xx /Gas Pay 5904	Tubing Depth 5938					
Perforations 5992-6004, 6014-26 with 2 shots per foot. 5908-28 with 3 shots per foot.			Depth Casing Shoe 6100					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		364		300			
7-7/8"	4-1/2"		6100		1500			
	2-3/8"		5938					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Gas - MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 2200	Length of Test 3 Hours	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 175	Casing Pressure 500	Choke Size 3/4"

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.

ORIGINAL SIGNED BY
L. R. Turner
(Signature)

Administrative Clerk

April 1, 1965

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 5 1965**, 19

BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist. # 3**

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.

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
KING GAS UNIT NO. 1

<u>DEPTH</u>	<u>DEVIATION</u>
364	1/2°
850	1/2
1329	3/4
1814	1/2
2165	3/4
2633	1/2
3105	2-
3694	1-3/4
4080	1-1/2
4522	1-1/2
4950	1-1/4
5080	3/4
5427	3/4
5826	3/4
5979	2-1/2

A F F I D A V I T

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 **King Gas Unit No. 1** located in the **NW/4 NE/4 Section 29, T-30-N, R-13-W, San Juan County, New Mexico.**

Signed Frank H. Hollingsworth
Petroleum Engineer

THE STATE OF NEW MEXICO)
COUNTY OF SAN JUAN) SS.

BEFORE ME, the undersigned authority, on this day personally appeared **Frank H. Hollingsworth** known to me to be Petroleum Engineer 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 correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 2nd. day of April, 1965.

S. K. Ruet
Notary Public

