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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104
SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110
FILE /		AND		Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND N	ATURAL G	AS
LAND OFFICE	ASTRONIZATION TO THE			75621
OIL /				
TRANSPORTER GAS /				
OPERATOR /				/ Italian I take
PRORATION OFFICE				OPT 9 9 10E9
Operator				( 00123 363 /
PAN AMERICAN PETROLEUM C	ORPORATION			OIL COM, COM
Acciress	N W 97/	0.1		DIST. 3
501 Airport Drive, Farmi	ngton, New Mexico = 874	Other (Please	avalain l	0.01.
Reason(s) for filing (Check proper box)	Change in Transporter of:		-	g and recomplete in
New Well				and recomplete in
Recompletion			•	
Change in Ownership	Casinghead Gas Conden	sute	<del> </del>	
If change of ownership give name				·
and address of previous owner				
	EACE			
I. DESCRIPTION OF WELL AND L.	Weil No. Pool Name, Including Fo	ormation	Kind of Leas	1
E. E. Elliott "A"	1 Blanco Mesave		State, Federa	or Fee Federal SF-078139
Location				
	Feet From The South Lin	and 990	Feet From '	The West
Unit Letter 1 : 1000	Feet From The Boutti Lin	e and	_ 1 666 1 16	
Line of Section 15 Town	ship 30-North Range 9-W	est , NMPM	. San	Juan County
Line of Section 15	Jon Holen Hands M			
II. DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	.s		
Name of Authorized Transporter of Oil	or Condensate 🔀	Address (Give address	o which appro	ved copy of this form is to be sent;
Plateau, Inc.		P. O. Box 108.	Farming	ton. New Mexico - 87401 ved copy of this form is to be sent;
Name of Authorized Transporter of Cash	nghead Gas or Dry Gas X	Address (Give address	to which appro	ved copy of this form is to be sent)
El Paso Natural Gas Comp		P. O. Box 990,	Farming	ton, New Mexico - 87401
<u> </u>	Unit Sec. Twp. Rge.	Is gas actually connect		en
If well produces oil or liquids, give location of tanks.	L   15   30   9	Yes		une 26, 1952
If this production is commingled with	that from any other lease or pool,	give commingling orde	r number:	
V. COMPLETION DATA				Plug Back   Same Resty.   Diff. Resty.
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Nes V. Bill 1105 VI
Designate Type of Completion		X		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
4-3-52	10-15-69	5250		5214 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
GL 6054, RKB 6067	Mesaverde	4421		5097 Depth Casing Shoe
Perforations				5248
See reverse sid	GENERALING BECORD		1 3240	
	TUBING, CASING, AN			SACKS CEMENT
HOLESIZE	CASING & TUBING SIZE	DEPTH S	<del>- 1</del>	
12-1/4"	9-5/8" - 32.3#	261 4416		970
8-3/4"	<u>7" − 20#</u>	5248		575
6-1/4"	4-1/2" - 10.5#	5097		
	<u>2-3/8" - 4.7</u> #			land must be equal to or exceed too allow
V. TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a pla for this d	ifter recovery of total vol epth or be for full 24 hour	ume of load oil s)	and must be equal to or exceed top allow
OH, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo		ift, etc.)
Date rirst New Oil Mun 10 lanks				
	Tubing Pressure	Casing Pressure		Choke Size
Length of Test		-		
Assurat Dustan Mant	Oil-Bbls. •	Water - Bbls.		Gas - MCF
Actual Prod. During Test				
646 1177				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate
· · · · · · · · · · · · · · · · · · ·				_
Testing Method (pitot, back pr.)	24 hr. Tubing Pressure (shut-in)	No Gauge Casing Pressure (Shut-in)		Choke Size
		No Gauge		<u>-</u>
Flow to sales line	No Gauge		CONSERV	ATION COMMISSION
VI. CERTIFICATE OF COMPLIANCE	CE	il Oir	CONSERV	ATION COMMISSION OCT 2 3 1969

ORIGINAL SIGNED BY This form is to be filed in compliance with RULE 1104. G. W. Eaton, Jr. 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.

APPROVED.

(Signature) Area Engineer

(Title) October 21, 1969

(Date)

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.

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

BY Original Signed by Emery C. Arnold

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.

Sanarate Forms C-104 must be filed for each pool in multiply

SUPERVISOR DIST. #3

## . PERFORATIONS:

4421-26

4442-64

4550-60

4568-83

4598-4603

4618-28

4674-84

4694**-**4704 4718**-**28

4742-47

4763-73

4798-4803

4849-54 4876-91

4911-16

4974-79

5007-12

5038-58

5080-88

5098-5108

5125-40

5150-60

5184-94

with 2 SPF