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TRANSPORTER OIL	
TRANSPORTER 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

Eff. 2-1-71, Pan American Petro. Corp. has changed its name to AMOCO PROD. CO.

I.

Operator
PAN AMERICAN PETROLEUM CORPORATION

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

Reason(s) for filing *(Check proper box)*

New Well [x]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Quine Gas Unit	**1**	**Basin Dakota**	State, Federal or Fee **Fee**

Location
Unit Letter **I** ; **1700** Feet From The **South** Line and **1130** Feet From The **East**

Line of Section **31**, Township **30N** Range **12W**, NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [x]	Address *(Give address to which approved copy of this form is to be sent)*
Plateau, Incorporated	**P. O. Box 108, Farmington, New Mexico**
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [x]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	**31**	**30N**	**12W**	**No**	

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'v.	Diff. Res'v.
		x	**x**					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-24-65	**4-27-65**	**6173**	**6134**
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Basin	**Dakota**	**6004**	**6006**
Perforations **6086-6110 with 2 shots per foot. 6004-6016, 6026-6034 with 3 shots per foot.**			Depth Casing Shoe **6173**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	**8-5/8"**	**517**	**450 Sacks**
7-7/8"	**4-1/2"**	**6173**	**1400 Sacks**
	2"	**6006**	

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

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

RECEIVED
MAY 7 1965
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4900	**3 hours**	**—**	
Testing Method *(pitot, back pr.)*	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	**400**	**1250**	**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
(Title)

May 4, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 7 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

Quine Gas Unit Well No. 1

DEPTH	DEVIATION
70'	3/4°
904	1-1/4
1300	1-3/4
1694	1-3/4
2233	3/4
1815	3/4
2600	3/4
2780	1/4
3183	1/2
3244	1
3630	1
3939	3/4
4290	1
4693	1
4878	1
5271	3/4
5361	1
5758	1/2
5920	1/2
6025	1
6170	1

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 **Quine Gas Unit Well No. 1, Basin Dakota Field, located in the NE/4, SE/4 of Section 31, T-30-N, R-12-W, San Juan County, New Mexico.**

Signed F. H. Hollingsworth
Petroleum Engineer

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

BEFORE ME, the undersigned authority, on this day personally appeared **F. 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 **5th** day of **May**, 1965.

S. K. Kutz
Notary Public

My Commission Expires February 23, 1969.