			<i>i</i>		
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DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS	1			
OPERATOR		1			
		T 7			

	OISTRIBUTION SANTA FE	}	CONSERVATION COMM FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
	U.S.G.S. LAND OFFICE TRANSPORTER OIL	NATURAL GAS							
i.	OPERATOR / PRORATION OFFICE Operator								
	PAN AMERICAN PETROLEUM CORPORATION Address								
	501 Airport Bri Reason(s) for filing (Check proper box	ive, Farmington, New Mex	ico 87401 Other (Please	explain					
	New Well	Change in Transporter of:	Office (1 reaso	e explain)	Corp.				
	Recompletion Change in Ownership	Oil Dry G	as Ensate	in III	no to				
		Custingliedd Gus Coinde	AUC. 15011	<u> </u>	(0-				
	If change of ownership give name and address of previous owner			The State					
II.	DESCRIPTION OF WELL AND	LEASE							
	Lease Name Blliott Gas Com "T"	Well No. Pool Name, Including I		Kind of Lease State, Federal or Fee	Lease No. Pederal SF 078139				
	Location				4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
	Unit Letter;;;	90 Feet From The North Li	ne and 1615	Feet From The	Rest				
	Line of Section 26 To	ownship 30-N Range	9-W , NMPM	, San Jua	County				
ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G		to which approved copy	of this form is to be sent)				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approx El Paso Natural Gas Company Box 990, Parmington, No. Unit Sec. Twp. Rge. Is gas actually connected? Who		ngton, New Me	ew Mexico 87401					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas detually connect	ad? when					
IV.	If this production is commingled with COMPLETION DATA	ith that from any other lease or pool	, give commingling orde	number:	Back Same Res'v. Diff. Res'v.				
	Designate Type of Completi	on – (X)	×	1					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth P.B.		.o. 2633 [‡]				
	6-27-68 Elevations (DF, RKB, RT, GR, etc.)	6-30-68 Name of Producing Formation	Top Cil/Gas Pay	Tubin	g Depth				
	GL 5851', RKB 5862'	Pictured Cliffs	25521	Denth	2564' Casing Shoe				
	2552-62' x 2 SPF 2668'								
	UOL E 617E	TUBING, CASING, AN	D CEMENTING RECORD DEPTH SET		SACKS CEMENT				
	12-1/4"	8-5/8"	223'		200				
	7-7/8"	4-1/2"	2668 2564		1000				
		1-1/2"	2354						
V.		EST 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 (Flor		POFICIO				
Length of Test Tubing Pr		Tubing Pressure	Casing Pressure Ch		SIF				
	Actual Prod. During Test Oil-Bbls. Water-Bbls.			Gas-MGF					
			Gda-	OIL COM 1968					
	Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MdF Oil CON Oist. COM.								
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Gravi	ty of Condensate				
	4169 (AOF 4798)	3 hr.	Casing Pressure (Shut-in) Chok		• Size				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 933	933	-III) Choki	3/4"				
VI.	VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION AUG 2 2 1968					
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 Si	Original Signed by Emery					
			SUPER COR DIST. #3						
	ORIENE	TITLE							
	G. W.	This form is t	This form is to be filed in conclusion, RULE 104. If this is a request for allowable it, a new orified or deepened well, this form must be accompanied by Mabulatian of the deviation tests taken on the well in accordance with GMLE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,						
	(Sign	well, this form must tests taken on the							
	Area Enginee	' All sections o							
	August 20, 1	Fill out only							
(Date)			well name or number, or transporter, or other such change of condition.						

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

