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DISTRIBUTION			
SANTA FE			
FILE			التراج عال
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	/	
OPERATOR		2	
PRORATION OFFICE			
O			

(Date)

DISTRIBUTION	NEW MEXICO OIL C	EXICO OIL CONSERVATION COMMISSION Form C-104			
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11				
U.S.G.S.	AND				
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
TRANSPORTER OIL					
GAS /			CEPTION		
OPERATOR 2	_		KULIVEN		
PRORATION OFFICE Operator			Alger		
PAN AMERICAN PE	TROLEUM CORPORATION		4 1960		
Address		22/21	OIL CON COM		
Reason(s) for filing (Check proper box	ve, Farmington, New Mexic	Other (Please explain)	- COM		
New Well	Change in Transporter of:	Omer (1 sease explain)			
Recompletion	Oil Dry Ga	s 🔲			
Change in Ownership	Casinghead Gas Conder				
If change of ownership give name		Pan American Petro	. Corp.		
and address of previous owner		has changed its na	ame to		
DESCRIPTION OF WELL AND	LEASE	AMCGO PROD.	30 •:		
Lease Name	Well No. Pool Name, Including F		2333		
E. E. Elliott "B"	10 Blanco Pictu	red Cliffs State, Federal	or Fee Federal SF 078139		
Location	90 W	10001	70.00		
Unit Letter A ; 111	Feet From The North Lin	e and 1000 Feet From 7	The Rest		
Line of Section 27 To	wnship 30-N Range	9-W , NMPM, Sen	Juan County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which approx	ved copy of this form is to be sent)		
}					
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)		
El Paso Matural Gas Co		Box 990, Farmington, 1	······································		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en .		
					
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
L	Date Compl. Ready to Prod.	X			
Date Spudded 10-1-68	10-16-68	Total Depth 2760	P.B.T.D. 2728		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
GL 5953', RKB 5966'	Pictured Cliffs	2682'	2693'		
Perforations			Depth Casing Shoe		
2682-97' x 2 8PF	TUDING CASING AND	CENTING DECORD	2748'		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4"	8-5/8" - 24#	201'	200		
6-3/4"	4-1/2" - 9.5#	27481	425		
	1-1/2" - 2.9#	26931			
		<u>.</u>	i		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil (pth or be for full 24 hours)	and must be equal to or exceed top allow-		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
Actual Float During 1481	\$1,- Doill				
·	<u></u>	 			
GAS WELL		 			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Z523 (AOF 2847) Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Open Flow with Choke	609 psig	609 psig	3/4"		
CERTIFICATE OF COMPLIAN	<u>, </u>	OIL CONSERVATION COMMISSION			
	CERTIFICATE OF COMPENANCE		NOV 4 1968		
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19			
Commission have been complied above is true and complete to the	with and that the information given e best of my knowledge and belief.				
-		SUPERVISOR DIST. #3			
		anniliana misk pur p 4404			
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
	nature)	well this form must be accompanied by a tabulation of the deviation			
tests taken on the well in accordance with RUI Area Engineer All sections of this form must be filled out					
————(T	(Title) able on new and recompleted wells.		ilia.		
October 31, 1968		Fill out only Sections I, II, III, and VI for changes of owner,			

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