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SANTA FE		↓	<u> </u>
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR			
PRORATION OF	FICE		
Operator			
Pan America	n Pel	trol	au
Address			_
Post Office	Box	68,	H
Reason(s) for filing	(Check	proper	ьо
New Well			
Recompletion			
Recompletion			

June 8, 1966

SANTA FE	NEW MEXICO OIL C	FOR ALLOWARD #10	SION FICE O. C. Supersedes Old C-104	
FILE	REQUEST	AND	Effective 1-1-65	una C
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL ANDIM	AMIRA EASAN 'AA	
LAND OFFICE	No monitorion for the	THE STATE OF THE S	And the state of	
TRANSPORTER OIL				
GAS				
OPERATOR		on the second of the second o		
I. PRORATION OFFICE Operator		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Pan American Petroleur	. Corneration			
Address	ii oorbotenroii			
Post Office Box 68, He	obba. New Marrico			
Reason(s) for filing (Check proper box		Other (Please	xplain)	
New Weil	Transporter of:			
Recompletion	Oil Dry Go	ıs 🗍		
Change in Ownership	Casinghead Gas Conder		ented.	
If change of ownership give name				
and address of previous owner				
II. DESCRIPTION OF WELL AND	LEASE			
Lease Name Fe Meine	() Well No Pool Name Including F	ormation	(ind of Lease Lea	se No.
def. Parrell - WSA	2 Chaveroo San A	indres	state, Federal or Fee Federal NICOLOG	3997-4
Location			N -	
Unit Letter L ; 1980	Feet From Th South Lin	_{e and} 660	Feet From The West	
Line of Section 28 To	wnship 7-5 Range	3-E , NMPM,	cosevelt	ounty
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S		
Name of Authorized Transporter of On		Address (Give address to	which approved copy of this form is to be sen	t)
Magnolia Pipe Line Co.	TO MOBIL PIPE LINE COMPANY 11-1	se ne pox ann bi	LLas, Texas	
Name of Authorized Transporter of Ca		į.	which approved copy of this form is to be sen	it)
Capitan, Inc.		. 0. Box 19598,		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	? When 6-7-66	
give location of tanks.	J 28 7-8 32-32	Yes	0700	
If this production is commingled wi	th that from any other lease or pool,	give commingling order	number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Resty. Diff	Postv
Designate Type of Completic		New Well Workover	Deepen Flag Back Same ites v. Bill	. Mes.v.
2 3 3 6 3 7 7	<u></u>	1	P.B.T.D.	
D-1 C 11-1		Total Depth		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.	
			Tubing Depth	
Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
Elevations (DF, RKB, RT, GR, etc.)			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe	
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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, 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.