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DISTRIBUTION			
SANTA FE		CONSERVATION COMMISSION	Form C-104
FILE		ST FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65
u.s.g.s.	ALITHODIZATION TO T	AND	
LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	GAS
TRANSPORTER OIL			
GAS			
OPERATOR			
I. PROPATION OFFICE			
Operator	1. 2	NAME C	ANCED.
(In) (minico	w Letroleum	(PAM) FROM: PA	AN AMERICAN DE
Address	I I I	TO: AMO	AN AMERICAN PETR. COR
120468, L	obbs non	88240 EFFECTIVI	O PRODUCTION CO.
Reason(s) for filing (Check proper	box)	Other (Please explain)	Z-1-12
New Well	Change in Transporter of:	Keermo lited	. from Delucion
Recompletion	Oil Dry	Gas [
Change in Ownership	Casinghead Gas Con	densate 🗌 to Slinil	res_
If change of ownership give name			
and address of previous owner	e		
		/	
II. DESCRIPTION OF WELL AN		owler- Unper Year	R-3987
Leage Name	Well No. Possy	Name, Including Formation	Kind of Lease
Such Mother	Unit 13 4	West Blimedra	State, Federal or Fee 3 18 20
Location			
Unit Letter ; 2	3/0_Feet From The	line and 330 Feet From	The
			2
Line of Section	Township Range	5/ , NMPM,	LA County
II DESIGNATION OF TRANSPO		`	
Numer Authorized Transporter of	ORTER OF OIL AND NATURAL O		
1200 410	or Contensate	Alanss (Give address to which appro	oved copy of this form is to be sent)
Appe of Authorized Transporter of	Casinghead Gas 🗸 cr Dry Gas	04/9/0, 10/1	aland Testas
altro not	Casinghead Gas cr Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
ORIAND HALL	Unit Sec. Twp. Bge.	2041384, Val	non
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected Wi	nen /
	0 15 24 0/	- your	2-1-65
V. COMPLETION DATA	with that from any other lease or poo	l, give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Comple	\star tion = (X)	2 sopen	Sume Res.v. Diff. Res.v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
00 1-9-65	1-27-65	7856	
Poch	Name of Producing Formation	Top Cil/Gas Pay	5720 Tubing Depth
-tower	Blimolous	5/1/2'	FREA
Periorations	6614-18 565 - 55	\$653-67.5628-GG!	Depth Casing Shoe
5449-52 5466-70 S	480-90 554 5 50 5 20 5	2578-97'ELAN' AZ'	7851
, -, -, -, -, -, -, -, -, -, -, -, -, -,	TUBING, CASING A	ND CEMENTING RECORD	700
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	29/2° OD (21/2°)	52511	SACKS CEMENT
	70 00 00)	0009	
V. TEST DATA AND REQUEST	FOR ALLOWABLE Clest must be	after recovery of soul value of 1 1 22	
OIL WELL	able for this	after recovery of total volume of load oil depth or be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
1-28-69	1-30-65	4 Vous	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	1550		12/6:"
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF
	112		756
			100
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u> </u>			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIA	NCE	OH CONCEDU	TION COMMISSION

VI

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: V. E. STALEY

Ore	s Du	(Signature)	_
(DISTORY) & OF A NMOCC	2-1-6 1- Conoco 1- 77-700 2- 640 % Ter	(Tale)	

APPROVED	, 19
BY	

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.

Section Forms C-104 must be filled for such well is multishing the condition.