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LAND OFFICE	
TRANSPORTER	OIL
	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.

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address 501 Airport Drive, Farmington, New Mexico - 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Tribal 360	Well No. 1	Pool Name, Including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee Indian	Lease No. Jicarilla Tribal 360
Location				
Unit Letter B	1100	Feet From The North Line and 1850	Feet From The East	
Line of Section 1	Township 22-North	Range 3-West	NMPM, Sandoval	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? No When	

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 5-13-69	Date Compl. Ready to Prod. 6-5-69		Total Depth 2850'		P.B.T.D. 2816'			
Elevations (DF, RKB, RT, GR, etc.) GL 7214' RKB 7227'	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2695'		Tubing Depth 2689'			
Perforations 2695-2701', 2704-17' w/2 SPF					Depth Casing Shoe 2835'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" - 24#		204'		150 sx (circ)			
6-3/4"	4-1/2" - 10.5#		2835'		550 sx (circ)			
	1-1/2" - 2.75#		2689'					

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(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)

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-Bbbls.	Water-Bbbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 2844 (AOF 19,489)	Length of Test 3 hr.	Bbbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Open Flow	Tubing Pressure (shut-in) 637 psia	Casing Pressure (shut-in) 637 psia	Choke Size 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
G. W. Eaton, Jr.

(Signature)

Area Engineer

(Title)

June 25, 1969

(Date)

OIL CONSERVATION COMMISSION

JUN 26 1969

APPROVED _____, 19 _____

BY Original Signed by 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 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.

