

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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.

I. OPERATOR	
PAN AMERICAN PETROLEUM CORPORATION	
Address	
P. O. BOX 180, FARMINGTON, NEW MEXICO	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change Lease Name
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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	Well No.	Pool Name, Including Formation	Kind of Lease
Valencia Gas Unit 'Com'	1	Basin Dakota	State, Federal or Fee Fee
Location			
Unit Letter	940	Feet From The	Line and
P		South	1670
Line of Section	18	Township	Range
	29N	9W	NMPM, San Juan
			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Incorporated	P. O. Box 108, Farmington, New Mexico
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	P. O. Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge.	
P 18 29N 9W	No

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-10-65	6-21-65	6590	6583					
Pool	Name of Producing Formation	Top Gas Pay	Tubing Depth					
Basin	Dakota	6402	6419					
Perforations	6570-78 with 4 shots per foot; 6474-86, 6490-6504 with 2 shots per foot; 6402-08, 6420-26 with 4 shots per foot.			Depth Casing Shoe				
				6590				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	10-3/4"	319	300 sacks					
9-7/8"	7-5/8"	2300	600 sacks					
6-3/4"	4-1/2"	6590	675 sacks					
	2"	6419	711					

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4969	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back pressure	401	1121	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
L. R. Turner

(Signature)

Administrative Clerk

(Title)

July 8, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 9 1965

BY Original Signed 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 Sections I, II, III, and VI only 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.

TABULATION OF DEVIATION TESTS

PAN AMERICAN PETROLEUM CORPORATION

VALENCIA GAS UNIT "B" WELL NO. 1

<u>DEPTH</u>	<u>DEVIATION</u>
319'	1/4°
744'	1/2
1042	1-1/4
1550	1-1/2
1870	1
2300	2-1/4
2700	2
3130	1-1/4
3519	1
3955	3/4
4350	1
4762	1
5185	3/4
5620	3-1/4
6035	3-3/4
6346	4
6590	3-3/4

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on PAN AMERICAN PETROLEUM CORPORATION'S **Valencia Gas Unit "B" No. 1, Basin Dakota Field, located in the SE/4 of SE/4 of Section 18, T-29-N, R-9-W, San Juan County, New Mexico.**

Signed *F. H. Hollingsworth*
Petroleum Engineer

THE STATE OF NEW MEXICO)
COUNTY OF SAN JUAN) SS.

BEFORE ME, the undersigned authority, on this day personally appeared **F. H. Hollingsworth** known to me to be Petroleum Engineer for Pan American Petroleum Corporation and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 6th day of July, 1965.

S. K. Hart
Notary Public

