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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

BAT # 2

I. OPERATOR

Operator
AMOCO PRODUCTION COMPANY

Address
BOX 367, ANDREWS, TEXAS 79714

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	LEASE UNITIZED 1-1-75
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	FORMERLY: TERRY Tr. 3 # 21
	Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name SOUTH HOBBS (GSA) UNIT	Well No. 71	Pool Name, including Formation HOBBS-GSA	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter E	1650	Feet From The NORTH	Line and 990	Feet From The WEST
Line of Section 9	Township 19-S	Range 38-E	NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPE LINE CO	Address (Give address to which approved copy of this form is to be sent) MIDLAND TX
Name of Authorized Transporter of Casinghead <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETRO CO	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE OK
If well produces oil or liquids, give location of tanks.	Unit B
	Sec. 9
	Twp. 19
	Rge. 38
	Is gas actually connected? YES
	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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

- 044. NMOCC-H
- 1-DIV
- 1-JEL
- 1-OBP
- 1-Susp
- 1-RRy

[Signature]
ADMINISTRATIVE ASSISTANT
(Title)
JAN 6 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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 deviated 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 well name or number, or transporter, or other such change of data.
Form C-104 must be filed for each pool in a well.

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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION CO. MISSION
SANTA FE, NEW MEXICO

FORM C-110
(Rev. 7-60)
HOBBS OFFICE O. C. C.

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

JAN 17 8 46 AM '64

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator		Lease		Well No.
		Terry Tr. 3		21
Unit Letter	Section	Township	Range	County
B	9			

Pool	Kind of Lease (State, Fed, Fee)

If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range

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)

Is Gas Actually Connected? Yes _____ No _____

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

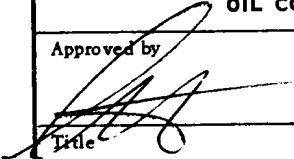
New Well Change in Ownership
 Change in Transporter (check one) Other (explain below)
 Oil Dry Gas
 Casing head gas . Condensate..

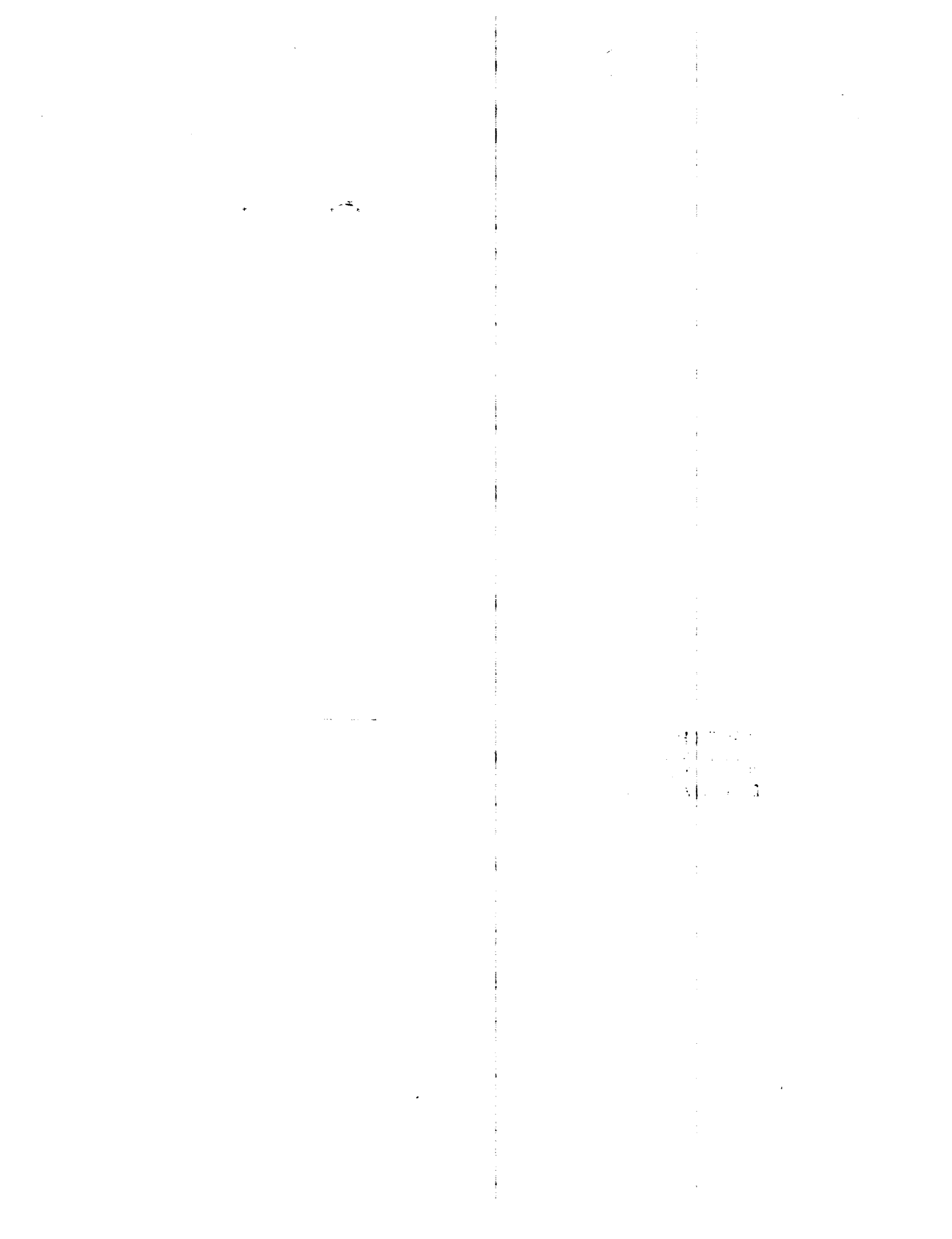
**NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71**

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 15 day of _____, 1964.

OIL CONSERVATION COMMISSION	By
	Original Signed by: V. E. STALEY
Approved by	Title
	
Title	Company
Date	Address
JAN 17 1964	



NUMBER OF COPIES RECEIVED	
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SANTA FE	
FILE	
UNIT	
LAND AREA	
TRANSPORTER	OIL
	GAS
PRODUCTION SERVICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Pan American Petroleum Corporation			Lease W. N. Terry Tract 3	Well No. 21
Unit Letter E	Section 9	Township 19-S	Range 38-E	County Lea

Pool Hobbs	Kind of Lease (State, Fed, Fee) Patented			
If well produces oil or condensate give location of tanks	Unit Letter E	Section 9	Township 19-S	Range 38-E

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
Shell Pipe Line Corporation	Box 1598, Hobbs, New Mexico

Is Gas Actually Connected? Yes No

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected 4-19-61	Address (give address to which approved copy of this form is to be sent)
Hobbs Gasoline Plant		c/o Phillips Petroleum Co. Box 758, Hobbs, New Mexico

If gas is not being sold, give reasons and also explain its present disposition:

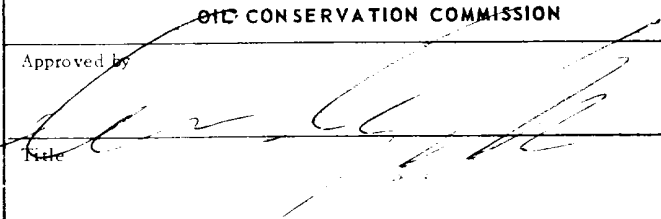
REASON(S) FOR FILING (please check proper box)

- | | |
|---|--|
| New Well <input type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> | |

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 3rd day of May, 19 61.

Approved by 	By Original Signed by: V. E. STALEY
	Title Area Superintendent
Title	Company Pan American Petroleum Corporation
Date	Address Box 68, Hobbs, New Mexico