

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

**NEW MEXICO OIL CONSERVATION COMMISS.
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

HOBBS CTB-2

I. OPERATOR
Operator: **PAN AMERICAN PETROLEUM CORPORATION**
Address: **BOX 68, HOBBS, N. M. 88240**
Reason(s) for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership
 NAME CHANGED:
 FROM: PAN AMERICAN PETR. CORP.
 TO: AMOCO PRODUCTION CO.
 EFFECTIVE: **2-1-71** (Please explain)
CHANGE NAME OF LEASE
FROM STATE A-2 R/A A
EFFECTIVE - 1-1-71

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE A	Well No. 19	Pool Name, Including Formation HOBBS - GSA	Kind of Lease State, Federal or Fee STATE	Lease No. A-12.12
Location Unit Letter N ; 990 Feet From The SOUTH Line and 2310 Feet From The WEST	Line of Section A	Township 19-S	Range 38-E	County LEA

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 TEXAS
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM Co	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE OKLA
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: **PLC-2**

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)

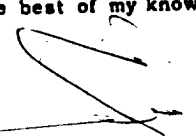
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

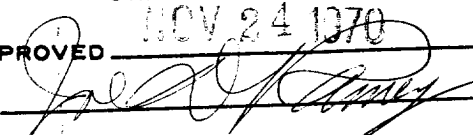
VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
AREA SUPERINTENDENT
(Title)
NOV 20 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 24 1970**, 19____

BY 

TITLE **SUPERVISOR DISTRICT 1**

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.

04 - NMCCC - H
1 - RC Jx - ATN: WJWurf
1 - SUSP
DDW

CONTINUED

NOV 28 1970

OIL CONSERVATION COMM.
WASH. D. C.