

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

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SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

NAME CHANGED:

FROM PAN AMERICAN PETROLEUM CORP.

I. OPERATOR

Operator: PAN AMERICAN PETROLEUM CORPORATION

Address: BOX 65, MOBBS, N. M. 88240

Reason(s) for filing (Check proper box):

New Well <input type="checkbox"/>	Cancel <input checked="" type="checkbox"/>	Other (Please explain) FORMER TRANSPORTER, (OIL)
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/>	SHELL P L CORP, REQUEST D CANCELIATION
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	WELL IS SHUT-IN.
	Dry 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: GILLULLY "B" FED. RIA A	Well No.: 2	Pool Name, including Formation: MONUMENT (GSA) OIL	Kind of Lease: FED.	Lease No.: LC-031736(b)
Location: Unit Letter B , 660 Feet From The NORTH Line and 1980 Feet From The EAST				
Line of Section 21 Township 20-S Range 37-E , N.M.P.M., LEA 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? 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.S.T.D.		
Elevations (DF, RKB, RT, CR, 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

(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.

(Signature) _____
 AREA SUPERINTENDENT

(Title) _____
 OCT 10 1968

(Date) _____

OV 3-NMCCC-N
 1-111
 1-00P
 1-3E
 1-30SP

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY *Joe D. [Signature]*
 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 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