

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (GAS) ALLOWABLE

Workover
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico February 24, 1958

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS Pan American Petroleum Corporation State Gas Unit "I" _____, Well No. 1 _____, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

K _____, Sec. 2 _____, T. 29N _____, R. 9W _____, NMPM., Blanco-Masaverde _____ Pool
Unit Letter

San Juan _____ County. Date Spudded 2/11/58 _____ Date Drilling Completed 2/20/58 _____

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 6408 _____ Total Depth 5508 _____ PBDT 5430 _____

Top ~~gas~~/Gas Pay 4656 _____ Name of Prod. Form. Masaverde _____

PRODUCING INTERVAL - Two shots per foot 5252-82, 5292-5320, 5334-46, Perforations 5356-82, 5390-96, 4662-76, 4702-66, 4784-4814.

Open Hole _____ Depth _____ Casing Shoe 5496' _____ Depth _____ Tubing 5381' _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9-5/8"</u>	<u>280'</u>	<u>200</u>
<u>7"</u>	<u>4644'</u>	<u>100</u>
<u>5"</u>	<u>926'</u>	<u>210</u>
<u>2-3/8"</u>	<u>5381</u>	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 7790 MCF/Day; Hours flowed 3 hour

Choke Size 2" Method of Testing: Pitot Tube Measurement

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 90,000 gallons water, 110,000 gallons water (500 gallons 15% MCA)
Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Co. (by Contract Truck)

Gas Transporter El Paso Natural Gas Company

Remarks: Includes 926' of 5" OD, 4.408" ID, 15 pound casing liner and 5381' of 2-3/8" OD, 1.995" ID, 4.7 pound tubing. Preliminary test 2/20/58, 7790 Pitot Tube Measurement.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____ FEB 26 1958 _____, 19 _____

Pan American Petroleum Corporation FEB 26 1958 _____
(Company or Operator)

OIL CONSERVATION COMMISSION

ORIGINAL SIGNED BY OIL CON. COM.

By: D. J. SCOTT _____ DIST. 3
(Signature)

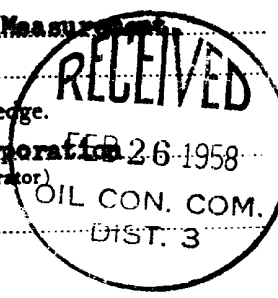
By: Original Signed Emery C. Arnold _____

Title Field Clerk _____
Send Communications regarding well to:

Title Supervisor Dist # 3 _____

Name Pan American Petroleum Corporation _____

Address Box 487, Farmington, New Mexico _____



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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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 State Gas Unit "I"		Well No. 1	
Unit Letter K	Section 2	Township T-29N	Range R-9W	County San Juan			
Pool Blanco Mesaverde				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks			Unit Letter K	Section 2	Township T-29N	Range R-9W	
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/> Transwestern Tankers Inc.				Address (give address to which approved copy of this form is to be sent) P. O. Box 2077 Farmington, New Mexico			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> El Paso Natural Gas Company			Date Connected 1-25-55	Address (give address to which approved copy of this form is to be sent) P. O. Box 990 Farmington, New Mexico			

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

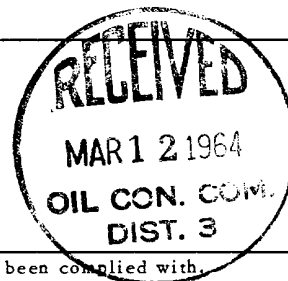
REASON(S) FOR FILING (please check proper box)

New Well ☐
 Change in Transporter (check one)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate.. ☒

Change in Ownership ☐
 Other (explain below)

Condensate is transported by Transwestern Tankers to Shell Oil Company's Bloomfield terminal.

Remarks



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

Executed this the 11th day of March, 19 64.

OIL CONSERVATION COMMISSION		By ORIGINAL SIGNED BY L. R. TURNER	
Approved by Original Signed Emory C. Arnold		Title Administrative Clerk	
Title Supervisor Dist. # 3		Company PAN AMERICAN PETROLEUM CORPORATION	
Date MAR 12 1964		Address P. O. Box 480 Farmington, New Mexico	

NUMBER OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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Pool Blanco Mesaverde				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks			Unit Letter K	Section 2	Township T-29N	Range R-9W	
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/> Transwestern Tankers Inc.				Address (give address to which approved copy of this form is to be sent) P. O. Box 2077 Farmington, New Mexico			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> El Paso Natural Gas Company			Date Connected 1-25-55	Address (give address to which approved copy of this form is to be sent) P. O. Box 990 Farmington, New Mexico			

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

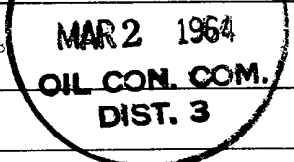
REASON(S) FOR FILING (please check proper box)

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

Remarks
Condensate is transported by Transwestern Tankers to El Paso Natural Gas Products Company's Bloomfield Refinery.

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

Executed this the 28th day of February, 1964.

OIL CONSERVATION COMMISSION		By ORIGINAL SIGNED BY A. R. TURNER
Approved by Original Signed Emery C. Arnold	Title Administrative Clerk	
Title Supervisor Dist. # 3	Company PAN AMERICAN PETROLEUM CORPORATION	
Date MAR 2 1964	Address P. O. Box 480 Farmington, New Mexico	

NO. OF COPIES RECEIVED	5
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TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REGULATIONS FOR OIL AND GAS PRODUCTION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION FOR PRODUCTION OF OIL AND NATURAL GAS

Eff. 2-1-71,
Pan American Petro. Corp.
has changed its name to
AMOCO PROD. CO.

I. PRODUCTION INFORMATION

PAN AMERICAN PETROLEUM CORPORATION	
Address: Security Life Building Denver, Colorado	
Reason for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter or Oil <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
Lease Name Change	
Previously: State Gas Unit 1#1	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	County	State
State Gas Com I	1	Blanco Mesaverde		State
Location:				
Unit Letter	K	1825 Feet From The	South	1560 Feet From The
Line of Section	2	Township	29N	9W
			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"/>	(If oil or condensate, name of this form is to be sent)	
Transportation Tankers	761 S. Miller Ave., Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	(If casinghead gas or dry gas, name of this form is to be sent)	
El Paso Natural Gas Company	Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	K	2
	29N	9W
	Yes	Not Available

If this production is commingled with that from any other lease or pool, give name and number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Water Well	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Tubing Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tubing Depth		Tubing Depth			
Perforations	Depth Casing Shoe						
TUBING, CEMENTING 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-Bbl's.	Water-Bbl's.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbl's. Condensate/MMCF	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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)
Administrative Assistant
(Title)
September 30, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 11 1965, 19
BY Original Signed Emery C. Arnold
TITLE Supervisor Dist. # 3

This form is to be filed in compliance with RULE 1104.

When a request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation between the well in accordance with RULE 111.

Each of this form must be filled out completely for allowable 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.