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TRANSPORTER	OIL GAS
OPERATOR	
PROBATION 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

AUG 1 9 49 AM '66

Pan American Petroleum Corp.	
Box 68, Hobbs New Mexico, 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Gas formerly vented.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

OG-202

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
STATE DC	1	BAGLEY, UPPER PENN, NORTH	State, Federal or Fee STATE
Location			
Unit Letter	660	Feet From The SOUTH	Line and 660 Feet From The EAST
Line of Section	16	Township 11-S	Range 33-E, NMPM, LEA County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of 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)		
SERVICE PIPELINE CO.	3411 KNOXVILLE AVE, LUBBOCK, TEXAS		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
WARREN PETROLEUM CORP.	Box 1589, TULSA, OKLA. 74102		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	P	16	11 33
Is gas actually connected?	When		
YES	7-26-66		

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Pool	Name of Producing Formation	Top of	Tubing Depth				
Perforations					Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPT. OF	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of initial flow and oil and gas 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/24	Gravity of Condensate
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.

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 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.

044-NMOC-C-4
1-NSW
1-OBP
1-SUP
1-RRY

(Signature) Area Asst
(Title)
7-28-66
(Date)