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U.S.G.S.	
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

I.

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	NAME CHANGED:
Recompletion <input checked="" type="checkbox"/>	FROM: PAN AMERICAN PETR. CORP.
Change in Ownership <input type="checkbox"/>	TO: AMOCO PRODUCTION CO.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	EFFECTIVE: 2-1-71

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "DG"	Well No. 1	Pool Name, Including Formation BAGLEY, NORTH UPPER PENN	Kind of Lease State, Federal or Fee STATE	Lease No. OG-530
Location Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line of Section 16 Township 11-S Range 33-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"/> AMOCO PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) 3411 KNOXVILLE LUBBOCK TEXAS	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM CORP.	Address (Give address to which approved copy of this form is to be sent) Box 1589 TULSA, OKLA.	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16
	Twp. 11	Rge. 33
	Is gas actually connected? YES	When 5-20-67

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X					X		X
Date Spudded 6-2-70	Date Compl. Ready to Prod. 6-10-70	Total Depth 10268	P.B.T.D. 9700					
Elevations (DF, RKB, RT, GR, etc.) 4297' RDB	Name of Producing Formation UPPER PENN	Top Oil/Gas Pay 9054	Tubing Depth 9350					
Perforations: 9346-54, 9466, 9471, 9479, 9485, 9527-29, 9553-55, 9561-66, 9594-97, 9607-12, 9622-26, 9640-43, 9650-55. w/ 2 JSPP			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 6-6-70	Date of Test 6-10-70	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 80	Casing Pressure 0	Choke Size 20/64
Actual Prod. During Test 241	Oil-Bbls. 197	Water-Bbls. 44	Gas-MCF 210

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.

014-NMOC-11
1- A.C.
1- D.B.P.
1- SUSP.
1- RRY

(Signature)

AREA SUPERINTENDENT

6-11-70

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUN 12 1970

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BY

TITLE

SUPERVISOR DISTRICT

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 Form C-104 must be filed for each pool in multiply completed wells.