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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

MEXICO OIL CONSERVATION COMMISS

REQUEST FOR ALLOWABLE

AND RESS OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAY 28 10 34 AM '69

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE C TRACT 13	Well No. 5	Pool Name, including Formation BLINEBRY - GAS	Kind of Lease State, Federal or Fee STATE	Lease No. B-1557
Location				
Unit Letter E	1980	Feet From The NORTH Line and 660	Feet From The WEST	
Line of Section 36	Township 21-S	Range 37-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"/> TEXAS NEW MEXICO PIPE LINE CO	Address (Give address to which approved copy of this form is to be sent) BOX 1510 MIDLAND, TEXAS	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> NORTHERN NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) OMAHA, NEBRASKA	
If well produces oil or liquids, give location of tanks.	Unit E Sec. 36 Twp. 21 Rge. 37	Is gas actually connected? YES When 5-27-69

If this production is commingled with that from any other lease or pool, give commingling order number: **DC-282 (DUAL W/ TUBB - GAS)**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				X		X
Date Spudded OC- 4-26-69	Date Compl. Ready to Prod. 5-4-69	Total Depth 7564'	P.B.T.D. 6340'					
Elevations (DF, RKB, RT, GR, etc.) 3371' R.D.B.	Name of Producing Formation BLINEBRY	Top Oil/Gas Pay 5566'	Tubing Depth 5950'					
Perforations 5566-76, 85-87, 97-99, 5613-60, 62-70, 5712-19, 29-31, 35-47, 85-94, 5845-48 - 62-88 W/2 IS PF.			Depth Casing Shoe 7564'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13 3/8"		301		Circ.			
12 1/4"	9 5/8"		1410		700 Sx.			
8 3/4"	7"		6585		3500 Sx.			
	4 1/2" Liner		6411 - 7564		250 Sx.			

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 1260	Length of Test 2.4 HR	Bbls. Condensate/MMCF 21	Gravity of Condensate 49.6°
Testing Method (pitot, back pr.) ORIFICE	Tubing Pressure (Shut-in) 1100	Casing Pressure (Shut-in) 1100	Choke Size 16/64"

VI. CERTIFICATE OF COMPLIANCE

(GOR-46,700)
TPF-925

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.

James E. Zych

(Signature)

ENGINEER
AREA SUPERINTENDENT

(Title)

5-27-69

(Date)

044-NMOC-H
LASW
1-OBP
F-SUSP
1-RRY

OIL CONSERVATION COMMISSION

APPROVED

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 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.