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FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION 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 41 AM '66

NAME CHANGED:

FROM: PAN AMERICAN PETR. CORP.

TO: AMOCO PRODUCTION CO.

EFFECTIVE: 2-1-71

Pan American Petroleum Corp

Box 68, Hobbs, N.M.

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☒

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

eff. 8-1-66

Please explain

Formerly - Pan American (Trucks)

Base name changed from G.M. Co. to

Changed to loc to loc for new central

Storage Battery

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name *CONE B*

Well No. *1*

Pool Name, including Formation *HOUSE DRINKARD*

Kind of Lease *FEE*

Location

Unit Letter *J* ; *1980* Feet From The *SOUTH* Line and *1980* Feet From The *EAST*

Line of Section *12* , Township *20S* Range *38E* , NMPM, *LEA* County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

THE PERMIAN CORP (TRUCKS)

Address (Give address to which approved copy of this form is to be sent)

Box 3115, MIDLAND, TEXAS

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

EL PASO NATURAL GAS CO.

Address (Give address to which approved copy of this form is to be sent)

Box 1384, JAL. N.M.

If well produces oil or liquids, give location of tanks.

Unit *F* Sec. *12* Twp. *20* Rge. *38*

Is gas actually connected? *YES* When

If this production is commingled with that from any other lease or pool, give commingling order number: *PLC-13*

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Pool

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

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

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure

Casing Pressure

Choke Size

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.

Area Supt

7-28-66

04-NAILOC-N

1-NSW

1-KWB

1-OAP

1-SVSP

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.