IVEO					
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
OIL	7				
GAS	7				
OPERATOR					
PRORATION OFFICE					
Operator					
Pan American Petrol					
	**,*				
Hobbs	, N	ew 1			
Check p	roper	box)			
	OIL GAS ICE rican	OIL / GAS /			

(Signature) Area Engineer

(Title) June 24, 1969

(Date)

1-RRY

	DISTRIBUTION  SANTA FE  REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA					
	TRANSPORTER   OIL /     GAS /	-		M 2 6 1813	
1.	OPERATOR / PRORATION OFFICE				
1.	Operator	C F	ROM: PAN AMERICAN P		
	Pan American Petr	ETR. CORP			
	Address Box 68, Hobbs, New Mexico 88240  Address  Box 68, Hobbs, New Mexico 88240  Address  EFFECTIVE: 2-1-71				
	Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Other (Please explain)  Transporter changed from Continental				
	Recompletion  Change in Transporter of:  OII  Casinghead Gas  Condensate  Transporter changed from Continental Pipe Line Co. to Navajo Refining Co., Pipe Line Division.				
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE		COM 2067)	
	STATE "B" Gas COM	Well No. Pool Name, Including F		ease Lease No.	
	Location	Empire Penn-	Gas State, Fed	deral or Fee	
Unit Letter J : 1980   Feet From The South   Line and 1980   Feet From The East				om The East	
	20	300	• •	_	
	Line of Section 29 To	wnship 17 S Range	28 E , NMPM, Ed	County County	
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL GA	AS (C)		
	Navajo Refining Co., P		North Freeman Ave. A	proved copy of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)		proved copy of this form is to be sent)		
	The state of the s	Unit Sec. Twp. Rge.	Box 68, Hobbs, New M	exico 88240	
	If well produces oil or liquids, give location of tanks.	J 29 17 28	Yes	11/1/60	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA				
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
	Date Spudded Effective 2-1-	Pate Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Gas Transporte	r Name Changed 1	Top Otl/Gas Pay		
	Elevations (DF FRAMER RTPAR). Amer To: Amoco Pr	duction Co	Top Oil/Gds Pdy	Tubing Depth	
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
••					
٧.	TEST DATA AND REQUEST FOIL WELL		fter recovery of total volume of load ( epth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ift, 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 (piros, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	VATION COMMISSION	
			JUN 2 6 1000		
			APPROVED 19 19 19		
			BY WILL AND O	OIL AND GAS INSPECTOR	
	NMOCC-Art		TITLE		
	NSW Sugp	Inis form is to be filed in compliance with RULE 1104.			
	1-OEP (Signature)		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		

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.