-	X //	•	~ ~		
-	NO. OF COPIES RECEIVED 3	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104	
	SANTA FE 1	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
ļ				<u> </u>	
-	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	IRANSPORTER OIL / NAME CHANGED: GAS / FROM: PAN AMERICAN FETR CORP				
	OPERATOR /	TO. AMOLO PRODUCTION	CO. FMP	IRE ABO SSIT	
1.	PRORATION OFFICE	EFFECTIVE: 2.1.71	5 1968	RE 1100 JOIL	
	PAN-AMERICAN-PETROLEUM-CC	RPORATION			
•	Address	AGTE	SIA. OFFICE		
	BOX 68, HOBBS, N. M. 88240				
Í	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Transporter : 3	rom. The Permian Corp	
	Recompletion	Oil Dry Gas	SERVICE PUL	DELINE Co.	
	Change in Ownership	f change of ownership give name			
	If change of ownership give name and address of previous owner				
**	I. DESCRIPTION OF WELL AND LEASE				
	DESCRIPTION OF WELL AND DERING Well No. Pool Name, Including Formation Kind of Lease Lease No. HARBOLD Jedenal Empire Paddock State, Federal or Fee FED 050158 Location Unit Letter 0 ; 330 Feet From The South Line and 1650 Feet From The EAST Line of Section 34 Township 17-5 Range 27-E , NMPM, EDDY County				
	I THE AND AND AND NATURAL GAS				
III.	Eff. $4/1/70$ name ch	hange from	Address (Give address to which approve	ed copy of this form is to be sent)	
	Service to Amoco Pi	ipeline Co	3411 KNOXUILLE , LL Address (Give address to which approve	BBOCK IEXAS	
	Name of Authorized Transporter of Cas				
	-mpine fileo lao	Unit Sec. Twp. Ege.	Box 68, HoBBS, N Is gas actually connected?		
	If well produces oil or liquids, give location of tanks.	M 3 18 27	YES	2-24-61	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	PLC- 27	
	COMPLETION DATA	OII Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Top Oil/Gas Pay	Tubing Depth	
	Elevations EleckA.ver. SAL ett.	Name of Producing Formation	Top On/Gas Pay		
	Gas Transporter N Perforatio P rom: Pan America	n Petroleum Corp_		Depth Casing Shoe	
•	To: Amoco Production Co.				
			D CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (less must be c able for this d	epth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure		1	
	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	
			Ant. A 4-5	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CHOKe Size	
				TION COMMISSION	
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.		APPROVED		
•			BY_ CN. a. Gressett		
			TITLE		
			THE This form is to be filed in compliance with RULE 1104.		
		-der	This form is to be filed in complained while to be 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 allow- able 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		
_	OF Q- NMOCC- ART Sig	ngrage)			
	1-NSW	area Supt			
		ille) 3- 1-68			
		<u>J- /- 00</u>			
	I-RRY		Separate Forms C-104 mus completed wells.	It be filed for each poor in multiply	
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