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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

NAME CHANGED:

FROM: PAN AMERICAN PETR. CORP.  
TO: AMOCO PRODUCTION CO.  
EFFECTIVE: 2-1-71

Operator <del>PAN AMERICAN PETROLEUM CORPORATION</del>		Reason(s) for filing (Check proper box)		Name of Change in Transporter of:		Other (Please explain)	
Address BOX 68, HOBBS, N. M. 88240		New Well <input type="checkbox"/>		Oil <input type="checkbox"/>		Name changed from: Petroch Co. of America TO: Ideal Basic INDUSTRIES INC.	
		Recompletion <input type="checkbox"/>		Dry Gas <input checked="" type="checkbox"/>			
		Change in Ownership <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>			
				Condensate <input type="checkbox"/>			

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		R-6698 6-2-81 Pool Name Changed	
Lease Name GREENWOOD UNIT FED	Well No. 2	Pool Name, including Formation SHUGART PENN GAS	Kind of Lease State, Federal or Fee FED
Location Unit Letter G ; 1980 Feet From The NORTH Line and 1980 Feet From The EAST		Lease No. AC-029392(4)	
Line of Section 34 Township 18-S Range 31-68, NMPM, EDDY		County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
TEXAS NEW MEXICO PIPE LINE CO.		Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Box 1510 MIDLAND TEXAS	
HP-IDEAL BASIC INDUSTRIES INC.		Address (Give address to which approved copy of this form is to be sent)		CARLSBAD, N.M.	
AP-PHILLIPS PETRO. CORP.		ODESSA, TEXAS			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 27	Twp. 18	Rge. 31	Is gas actually connected? Yes
					When Yes

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

V. COMPLETION DATA		Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	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					

VI. 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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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.

05-NMOC-DET  
1-NSW  
1-OBP  
1-SOSP  
1-CONTINENTAL  
1-STATE LAND  
(Signature)  
(Title)  
(Date)  
AREA SUPERINTENDENT  
1-30-68

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gussert  
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.