NO. OF COPIES REC	17	17	
DISTRIBUTI	1	Ī	
SANTA FE		17	
FILE		17_	
U.S.G.S.		1	
LAND OFFICE		1.	1
IRANSPORTER	OIL	1/.	
	GAS	17	
OPERATOR		1	
PRORATION OFFICE			

110

	DISTRIBUTION	DISTRIBUTION					
	SANTA FE	NEW MEXICO OII	L CONSERVATION COMMISSION	Form C-104			
	FILE	REQUE	ST FOR ALLOWABLE AND	Supersedes Old C-104 and C-1 Ellective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	GAS			
	LAND OFFICE		THE SET OF AND NATURAL	. GAS			
	TRANSPORTER GAS /			17			
	PRORATION OFFICE						
1.	Operator OFFICE		NAME CHANGED:	A. Charles and A. Charles			
	Pani americani	Potalan Con 1	FROM: PAN AMERIC	AN PETR. CORP.			
	Address	11	TO: AMOCO PRODUC EFFECTIVE: 2-1-71	CHON CO.			
	Reason(s) for filing (Check proper	bs, New Mosico 8	0ther (Please explain)				
	New Well	Change in Transporter of:		·			
	Recompletion Change in Ownership		Gas X FORMERLY: densate Southern Union	Gos Company			
	If change of ownership give name and address of previous owner			O43 COMPANY			
H.	DESCRIPTION OF WELL AN	DIFASE		•			
	Lease Name	Well No. Pool Name, Including		Teas No.			
	SIMTH FEDERAL GAS	COM I INDIAN BASIN	- UPPER PENN State, Feder	ral or Fee FEDERAL SW 285			
	Unit Letter;	1650 Feet From The North	Line and 2310 Feet From	The West			
	Line of Section 12	Fownship 22-5 Range	23-E , NMPM,	EDDY County			
Ш.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	TAS (SPLIT COUNCETION)				
	Name of Authorized Transporter of CTHE PERMAIN CORP (TRUCKS)	Oil or Condensate (S2)	Address (Give address to which appre	oved copy of this form is to be sent)			
	LMARATHON OIL COMPANY		BOX 1324 ARTESIA NEW	d Mexico			
	Name of Authorized Transporte of COR	Asinghead Gas or Dry Gas ADRATION	Address (Give address to which appro	oved copy of this form is to be sent) OALLAS, TEXASK			
	MARATHON OIL COMPANY	Unit Sec. Twp. P.ge.	BOX 1324 AntesiA N	ew Mexico			
	If well produces oil or liquids, give location of tanks.	F 12 22 23	Yes	nen // - 30 - 65 3 - 30 - 66			
	If this production is commingled	with that from any other lease or pool	1/2/4	Blilg. Houston, Jex.			
IV.	COMPLETION DATA	Oil Well Gas Well					
•	Designate Type of Complet	ion – (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
	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			
	HOLE SIZE	TUBING, CASING, AN	ID CEMENTING RECORD				
		CASING & TOBING SIZE	DEPTH SET	SACKS CEMENT			
[
V.	TEST DATA AND REQUEST 1	FOR ALLOWARIE (Text Time In		<u> </u>			
	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 allowable. WELL						
	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-Bbis.	West-on This				
		On-abiei	Water-Bbls.	Gas - MCF			
	GAS WELL						
٢	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			
L				Olione dine			
/1. (ERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED 1100 00 1967					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			By W. a. Sre	as W. a. moment			
			TITLE OIL AND GAS INSPECTOR				
			This form is to be filed in compliance with RULE 1104.				
6-1	If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devi			nied by a tabulation of the deviation			
1-NSW area Supt.			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
	RRY SUPERIÓR OIL CO.	(ile)	able on new and recompleted we				
٠.	30x 1900 (D	6-16-6']		, III, and VI for changes of owner, er, or other such change of condition.			
MIDLAND, Tex. AHAI-D.H. COLLING JA			Separate Forms C-104 must be filed for each pool in multiply				