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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
Marathon is Operator of the Indian Basin Gas Plant and Gathering System. Natural Gas Pipeline Company of America is purchaser of the gas under contracts providing for delivery of residue gas at the Plant.)

I. Operator <b>Pan American Petroleum Corporation</b>		NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71	
Address <b>Box 68, Hobbs, New Mexico 88240</b>			
Reason(s) for filing (Check proper box)		Other (Please explain) Operator & Lease Name Change	
New Well <input type="checkbox"/>	Change in Transporter of:	From: John H. Trigg, Oper.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<b>AZOTEA MESA FED. GAS COM #2</b>	
Change in Ownership <input checked="" type="checkbox"/>	Condensing Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<b>EFF 6-1-66</b>	

If change of ownership give name and address of previous owner **John H. Trigg, Box 520, Roswell N. M. 88201**

II. DESCRIPTION OF WELL AND LEASE (COM # SW-315)			
Lease Name <b>FEDERAL B COM</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Indian Basin-Upper Penn</b>	Kind of Lease State, Federal or Foreign <b>FEDERAL</b>
Location			
Unit Letter <b>FC</b> <b>1335</b> Feet From The <b>WEST</b> Line and <b>1650</b> Feet From The <b>NORTH</b>			
Line of Section <b>5</b> Township <b>22-S</b> Range <b>24-E</b> NMPM, <b>EDDY</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil or Condensate <b>Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System</b>		Address (Give address to which approved copy of this form is to be sent) <b>Box 1324, Artesia, New Mexico</b>	
Name of Authorized Transporter of Dry Gas <b>Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System</b>		Address (Give address to which approved copy of this form is to be sent) <b>Box 1324, Artesia, New Mexico</b>	
If well produces oil or fluids, give location of tanks.	Unit <b>F</b>	Sec. <b>5</b>	Twp. <b>22</b>
	Rge. <b>24</b>	Is gas actually connected? <b>YES</b>	When <b>1-26-66</b>

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

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
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 Shown
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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.	Grav. - MCF

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JUN 17 1966

O. C. C.  
ARTESIA, OFFICE

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 <b>JUN 17 1966</b> , 19	
(Signature) <b>Area Superintendent</b>		BY <b>M. L. Armstrong</b>	
(Title) <b>June 15, 1966</b>		TITLE <b>OIL AND GAS INSPECTOR</b>	
(Date)		This form is to be filed in compliance with RULE 1104.	
at 4-NMCC-Art 1-NMCC 1-OB Puryear 1-5050 1-1244 8		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.	