

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Eff. 2-1-71,  
Pan American Petro. Corp.  
has changed its name to  
AMOCO PROD. CO.

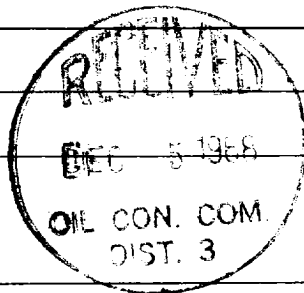
**PAN AMERICAN PETROLEUM CORPORATION**

Address  
**501 Airport Drive, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)



If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Jicarilla Contract 147</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>Jicarilla Contract 147</b>
Location Unit Letter <b>A</b> ; <b>1070</b> Feet From The <b>North</b> Line and <b>1160</b> Feet From The <b>East</b> Line of Section <b>5</b> Township <b>25-N</b> Range <b>5-W</b> , NMPM, <b>Rio Arriba</b> 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"/> <b>Plateau Refinery</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 108, Farmington, New Mexico 87401</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Southern Union Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 750, Farmington, New Mexico 87401</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>5</b>	Twp. <b>25N</b>	Rge. <b>5W</b>
Is gas actually connected?		When <b>No</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	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>8-20-68</b>	Date Compl. Ready to Prod. <b>11-18-68</b>	Total Depth <b>7300'</b>		P.B.T.D. <b>7130'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>GL 6506', RDB 6519'</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>6969'</b>		Tubing Depth <b>7038'</b>			
Perforations <b>6969-83', 6988-94', 7099-7117' x 2 SPF (20' &amp; 7228-33')</b>					(Non-producing 7140-46', 7214-7296') Depth Casing Shoe <b>7296'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8" - 22.74</b>		<b>467'</b>		<b>400</b>			
<b>7-7/8"</b>	<b>4-1/2" - 10.54</b>		<b>7296'</b>		<b>1800</b>			
	<b>2-3/8" - 4.74</b>		<b>7038'</b>					

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.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D <b>2607 (AGF 2827)</b>	Length of Test <b>3 hr.</b>	Bbls. Condensate/MMCF <b>--</b>	Gravity of Condensate <b>--</b>
Testing Method (pitot, back pr.) <b>Open flow with choke</b>	Tubing Pressure (shut-in) <b>1903 psig</b>	Casing Pressure (shut-in) <b>1900 psig</b>	Choke Size <b>3/4"</b>

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.

ORIGINAL SIGNED BY  
**G. W. Eaton, Jr.**

(Signature)

**Area Engineer**

(Title)

**December 3, 1968**

(Date)

OIL CONSERVATION COMMISSION

DEC 5 1968

APPROVED

BY **Original Signed by Emory C. Arnold**  
SUPERVISOR DIST. #3

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.