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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.

I.

Operator		PAN AMERICAN PETROLEUM CORPORATION	
Address			
SECURITY LIFE BUILDING DENVER, COLORADO 80202			
Reason(s) for filing (Check proper box)		Other (Explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Abrams Gas Com "B"		2	Aztec Pictured Cliffs	State, Federal or Fee Federal
Location				
Unit Letter	M	1190	Feet From The	S
Line of Section	25	Township	29N	Range
			10W	San Juan
				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)
Plateau, Incorporated				P. O. Box 108 Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company				P. O. Box 990 Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	25	29N	10W	NO

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 Restv.	Diff. Restv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
4/22/66	5/16/66		1974		1935			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
5570 RDB, 5563 GR	Pictured Cliffs		1882		1888			
Perforations					Depth Casing Shoe			
1882-1901								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		194		200			
7-7/8"	4-1/2"		1974		700			
	1-1/4"		1888					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1199	3 hrs		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	88	246	3/4"

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

D. I. TOLLEFSON

D. I. Tollefson

(Signature)

Administrative Assistant

(Title)

May 26, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 31 1966, 19

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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.