

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

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

AND
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 501 Airport Drive, Farmington, New Mexico - 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input 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

Lease Name Bruington Gas Com "C"	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter B	990	Feet From The North Line and 1450	Feet From The East	
Line of Section 21	Township 30-North	Range 11-West	NMPM, 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, Inc.	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	B 21 30N 11W 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 Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded April 8, 1969	Date Compl. Ready to Prod. June 23, 1969	Total Depth 6873'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) GR 5774' RKB 5786'	Name of Producing Formation Dakota	Top Oil/Gas Pay 6574'	Tubing Depth 6586'					
Perforations 6574-84 w/4 SPF, 6645-65, 6646-66, 6746-61 w/2 SPF		Depth Casing Shoe 6873'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8" - 24#	376'	130 sacks					
7-7/8"	4-1/2" - 10.5#	6873'	1475 sacks					
	2-3/8" - 4.7#	6586'						

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

GAS WELL

Actual Prod. Test-MCF/D 2127	Length of Test 3 hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Open Flow	Tubing Pressure (shut-in) 1650 psig	Casing Pressure (shut-in) 1650 psig	Choke Size 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
G. W. Eaton, Jr.

(Signature)

Area Engineer

(Title)

July 24, 1969

(Date)

OIL CONSERVATION COMMISSION
JUL 29 1969

APPROVED _____, 19____

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #9**

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 multiple completed wells.