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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Formerly - Vented
Recompletion <input type="checkbox"/>	NAME CHANGED:
Change in Ownership <input type="checkbox"/>	FROM: PAN AMERICAN PETR. CORP.
	TO: AMOCO PRODUCTION CO.
	EFFECTIVE: 2-1-71

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE		North Bagley-Pennsylvanian	
Lease Name STATE "DK"	Well No. 1	Pool Name, Including Formation BAGLEY No. LOWER PENN	Kind of Lease State, Federal or Fee STATE
Location		Lease No. E-7489	
Unit Letter A	660	Feet From The NORTH	Line and 660
Line of Section 17		Township 11-S	Range 33-E
		NMPM, LEA	
		County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
SERVICE PIPE LINE CO.	3411 KNOXVILLE, LUBBOCK TEXAS		
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)		
WARREN PETROLEUM CORP	Box 1589, TULSA OKLA 74102		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 17	Twp. 11
	Rge. 33	Is gas actually connected? 3-12-68	When 3-12-68

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.
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		
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.	Gas - MCF

GAS WELL			
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

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 _____, 19____	
		BY _____	
		TITLE _____	
04-4-NMOCC-11 1-NSW 1-OBP 1-SUSP 1-RRY		This form is to be filed in compliance with RULE 1104.	
(Signature) _____		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.	
(Title) AREA SUPERINTENDENT		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date) 3-15-68		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.	