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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

(DEVIATION SURVEYS - BACK SIDE)

Operator PAN AMERICAN PETROLEUM CORPORATION		NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71	
Address BOX 100, HOBBS, N. M. 88240		Other (Please explain)	
Reason(s) for change (check proper box)	Change in Transporter of:	REQUEST PERMISSION TO TEMP.	
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	COMMINGLE W/ STATE DK #1,	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	BAGLEY, No LOWER PENN., PENDING	
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	FORMAL APPLICATION APPROVAL.	
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name "STATE DK"	Well No. 2	Pool Name, Including Formation BAGLEY NO UPPER PENN	Kind of Lease STATE	Lease No. E-7489
Location North Bagley - Pennsylvania R-3411				
Unit Letter C	Feet From The 660	Line and NORTH	Feet From The 1980	County WEST
Line of Section 17	Township 11-S	Range -33-E	NMPM, LEA	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SERVICE PIPE LINE CO.	Address (Give address to which approved copy of this form is to be sent) 3411 KNOXVILLE AVE LUBBOCK TEXAS			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETRO. CORP.	Address (Give address to which approved copy of this form is to be sent) BOX 1589 TULSA OKLA			
If well produces oil or liquids, give location of tanks.	Unit 17	Sec. 17	Twp. 11	Rge. 33
	Is gas actually connected? YES		When 3-15-67	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-14-68	Date Compl. Ready to Prod. 2-23-68	Total Depth 10270	P.B.T.D. 8pe 9790					
Elevations (DF, RKB, RT, GR, etc.) 4312' RDB	Name of Producing Formation UPPER PENN	Top Oil/Gas Pay 9408	Tubing Depth 10,188					
Perforations 9408-12, 28-31, 9564-65	Depth Casing Shoe 10,270							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8"	DEPTH SET 403'	SACKS CEMENT 350					
11"	8 5/8"	3801'	450					
7 7/8"	5 1/2"	10270'	600					

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 2-23-68	Date of Test 3-15-68	Producing Method (Flow, pump, gas lift, etc.) PMP	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 576	Oil-Bbls. 68	Water-Bbls. 508	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

044-UMOCC-11
1-NSW
1-OBP
1-IE.L
1-SOSP
1-PR4
(Signature)
Area Supt
(Title)
3-15-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 10 1968**, 19
BY **John D. [Signature]**
TITLE **Commissioner**

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.

DEVIATION SURVEYS

DEPTH	DEGREES OFF	DEPTH	DEGREES OFF
850	- 1	8970	1/2
1350	- 1	9230	1/2
1765	- 1	9775	1 -
2245	- 1 1/2	10270	1 -
2700	- 3/4		
3450	- 1 1/4		
3690	- 2		
3800	- 1 3/4		
4330	- "		
5210	- 1		
5700	- 1 1/4		
6190	- 1		
6515	- 1/2		
6730	- 3/4		
7970	- 3/4		
8170	- 1 -		
8740	- 1 -		

The above are true to the best of my knowledge.



Sworn to this date, March 15, 1967.

E.R. Moorhead

Notary Public In & for La Co. N.M.
My Commission Expires 6-18-68