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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 on Back Side)

Operator <i>Pan American Petroleum Corp</i>	
Address <i>Box 68, Hobbs, N.M. 88240</i>	
Reason(s) for filing (Check proper box)	
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"/>

NAME CHANGED:
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

Lease Name <i>Horton Federal</i>	Well No. <i>27</i>	Pool Name, Including Formation <i>Milnesand Samlunaris</i>	Kind of Lease <i>Federal</i>
Location <i>USA Route E. Horton</i>			
Unit Letter <i>G</i>	Feet From The <i>North</i>	Line and <i>2314.2'</i>	Feet From The <i>East</i>
Line of Section <i>29</i>	Township <i>8-S</i>	Range <i>35-E</i>	County <i>Russell</i>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <i>Magnolia Pipe Line Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 900 Dallas Texas</i>					
Name of Authorized Transporter of Casinghead Gas <i>Sinclair Oil & Gas Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1470, Midland Texas</i>					
If well produces oil or liquids, give location of tanks.	Unit <i>I</i>	Sec. <i>30</i>	Twp. <i>8</i>	Rge. <i>35</i>	is gas actually connected? <i>yes</i>	When <i>1-17-65</i>

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.
<i>X</i>	<i>X</i>							
Date Spudded <i>1-3-65</i>	Date Compl. Ready to Prod. <i>1-17-65</i>	Total Depth <i>4718'</i>	P.B.T.D. <i>4716'</i>					
Pool <i>Milnesand Samlunaris</i>	Name of Producing Formation <i>San Andres</i>	Top Oil/Gas Pay <i>4680'</i>	Tubing Depth <i>4711'</i>					
Perforations <i>4680 - 4710</i>			Depth Casing Shoe <i>4718'</i>					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>12 1/4"</i>	<i>8 5/8" 24" J-55</i>	<i>416'</i>	<i>225 - Circ</i>
<i>7 7/8"</i>	<i>4 1/2" 9.5 J-55</i>	<i>4718'</i>	<i>250</i>
	<i>2 3/8" 4.7 J-55</i>	<i>4711'</i>	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <i>1-17-65</i>	Date of Test <i>1-17-65</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Swab</i>
Length of Test <i>16 1/2 hrs.</i>	Tubing Pressure <i>—</i>	Casing Pressure <i>—</i>
Actual Prod. During Test	Oil-Bbls. <i>95</i>	Water-Bbls. <i>67 bbls. loss</i>
		Gas-MCF <i>NA</i>

GAS WELL

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

[Signature]

(Signature)

Area Supt.

(Title)

1-18-65

(Date)

Dist (O+8)

1-18-65

1-18-65

1-18-65

OIL CONSERVATION COMMISSION

APPROVED

BY

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.

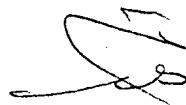
All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 completion wells.

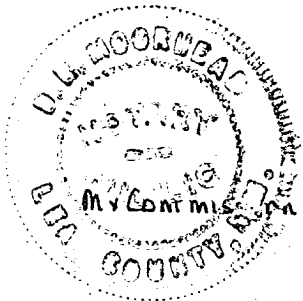
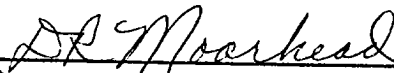
<u>Deviation Surveys</u>	
<u>Depth</u>	<u>Degrees off</u>
410	1/4
860	1/4
1300	1/2
1780	1/2
2130	1/2
2575	3/4
3200	1/4
2950	1/2
3650	1/4
3810	1-
3475	1-
4260	1-
4435	1/2
4595	1/4

The above are true and correct to the best of my knowledge.



U.E. STALEY, AREA SUPT.

Sworn and subscribed to this date, the 18th day of January, 1965.

D.R. MOORHEAD, NOTARY PUBLIC
IN & FOR LEA CO. N. M.