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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
ANDForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(Deviation Surveys on Back Side)

1. <b>Pan American Petroleum Corp.</b> <b>Box 68, Hobbs, N.M. 88240</b>	
Reason(s) for filing (Check proper box)	NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71
New Well <input checked="" type="checkbox"/>	Change in Transporter oil
Incompletion <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

Well Name <b>USA RUSSELL E. HORTON</b>	Well Pool Name, Including Formation <b>28 (MILNESAND SAN ANDRES)</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>
Unit Letter <b>A</b> : <b>330</b> Feet From The <b>N</b> Line and <b>930</b> Feet From The <b>E</b>	Line of Section <b>29</b> , Township <b>8-S</b> Range <b>35-E</b> , NMPM, <b>ROOSEVELT</b> 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"/> <b>MAGNOLIA PIPE LINE CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 900, DALLAS, TEXAS</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>SINCLAIR OIL &amp; GAS CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1470, MIDLAND, TEXAS</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>I 30 8 35</b>	<b>YES 1-28-65</b>

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 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <b>1-13-65</b>	Date Compl. Ready to Prod. <b>1-27-65</b>	Total Depth <b>4713'</b>	P.B.M.E. <b>4711'</b>
Pool <b>MILNESAND</b>	Name of Producing Formation <b>SAN ANDRES</b>	Top Oil/Gas Pay <b>4670'</b>	Tubing Depth <b>4703'</b>
Tubing, Casing, and Cementing Record			Depth Casing Shoe <b>4713'</b>
HOLE SIZE <b>12 1/8"</b>	CASING & TUBING SIZE <b>8 3/8" 24" J-55</b>	DEPTH SET <b>423'</b>	SACKS CEMENT <b>225</b>
<b>7 7/8"</b>	<b>4 1/2" 9.5" J-55</b>	<b>4713'</b>	<b>250</b>
<b>2 7/8"</b>	<b>2 7/8" 4.7" J-55</b>	<b>4703'</b>	

## 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 <b>1-27-65</b>	Date of Test <b>1-29-65</b>	Producing Method (Flow, pump, gas lift, etc.) <b>FLW &amp; SWAB</b>	
Length of Test <b>15</b>	Tubing Pressure <b>0-200</b>	Casing Pressure <b>—</b>	Choke Size <b>—</b>
Actual Prod. During Test	Oil-Bbls. <b>120</b>	Water-Bbls. <b>50 BLW</b>	Gas-MCF <b>NA</b>

## 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.

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
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.

SIGNED: \_\_\_\_\_  
DATE: \_\_\_\_\_(Signature)  
**Ann Aupt**  
(Title)  
**1-28-65**  
(Date)  
DIST (0+8)

Deviation Surveys

<u>Depth</u>	<u>Degrees</u> <u>off</u> <u>00</u>
415	$\frac{1}{4}$
903	$\frac{1}{4}$
1350	$\frac{1}{2}$
1800	$\frac{1}{2}$
2130	$\frac{1}{2}$
2600	$\frac{1}{2}$
3050	$\frac{3}{4}$
3240	$1 \frac{1}{2}$
3700	$1 \frac{1}{4}$
3825	2 -
4025	$1 \frac{1}{4}$
4360	$\frac{3}{4}$
4510	$\frac{3}{4}$
4600	$\frac{3}{4}$

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

U.E. Staley, Area Supt.

Sworn and subscribed to this date,  
The 28<sup>th</sup> day of January, 1965. A.D.



D. R. Moorhead  
D. R. Moorhead, Notary Public  
La. & For Lea Co. T. M.

Commission Expires 6-18-68