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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)

I. Operator **PAN AMERICAN PETROLEUM CORPORATION** NAME CHANGED FROM PAN AMERICAN TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71

Address **BOX 68, HOBBS, N. M. 88240**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **PETERSON "A" Federal** Well No. **3** Pool Name, Including Formation **Todd-Lower San Andres** Kind of Lease **Fed.** Lease No. **0321281**

Location

Unit Letter **E** ; **1980** Feet From The **NORTH** Line and **560** Feet From The **WEST**

Line of Section **29** Township **7-S** Range **36-E** , NMPM, **ROOSEVELT** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) **Box 900, DALLAS, TEXAS**

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit **M** Sec. **29** Twp. **7** Rge. **36** Is gas actually connected? **No** When

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 1-17-68	Date Compl. Ready to Prod. 2-1-68	Total Depth 4324'	P.B.T.D. 4297					
Elevations (DF, RKB, RT, GR, etc.) 4152' R DB	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 4240	Tubing Depth 4290					
Perforations 4240-46, 54-86 w/ 2.15PF			Depth Casing Shoe 4324'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	325'	250
7 7/8"	4 1/2"	4324'	300

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 2-14-68	Date of Test 2-20-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 100	Oil-Bbls. 5	Water-Bbls. 95	Gas-MCF 1 (GOR-145 26.6 APT)

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

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.

043-NMDC-4

1-NSTO
1-OBP
1-SUSP
1-RR4

(Signature) **AREA SUPERINTENDENT**
(Title)
(Date) **2-23-68**

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 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

<u>DEPTH</u>	<u>DEGREES OFF</u>
325	$\frac{1}{2}$
750	$\frac{3}{4}$
1225	1 -
1675	$\frac{3}{4}$
1939	1 -
2530	$\frac{3}{4}$
3132	1 $\frac{1}{2}$
3643	$\frac{3}{4}$
3900	"
4093	"
4324	$\frac{1}{4}$

The above are true to the best of my knowledge.

Sworn to this date, the 23 day of February, 1968

DR. Mearns
Notary Public In & For Lea Co. N. M.
My Commission expires 6-18-68.