| 10 | | | | | |
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| ſ | NO. OF COPIES RECEIVED | · | | | |
| Ī | DISTRIBUTION | NEW MEXICO OIL CO | DISERVATION COMMISSION | Form C-104 | |
| [| SANTA FE | REQUEST F | FOR ALLOWABLE | Supersedes Old C-104 and C-110 Effective 1-1-65 | |
| | FILE | | AND FOE O.C.C. | | |
| | U.S.G.S. | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | AS | |
| | LAND OFFICE | JUL i | 26 8:05 AM '68 | TORAGE SYSTEM III | |
| | TRANSPORTER OIL | | , 011-0110-0 | | |
| ł | GAS OPERATOR | | | | |
| | PROBATION OFFICE | | | | |
| 1. | Operator | · · · · · · · · · · · · · · · · · · · | NAME CHANGED: | | |
| | PAN AMERICAN PETROLEUM CORPORATION | | FROM DAN AMERICAN PETR CORP. | | |
| Address TO AMUCO PRODUCTION CO. | | | TION CO. | | |
| | Box 68, Hobbs, New Mexico 88240 | | | | |
| | Reason(s) for filing (Check proper box) New We!l | | | | |
| | New Well | Oil Dry Gas | Gas formerly | vented. | |
| 1 | Recompletion Change in Ownership | Casinghead Gas X Condens | | | |
| | | | | . ل ا | |
| | If change of ownership give name | | | | |
| | and address of previous owner | | | | |
| П. | DESCRIPTION OF WELL AND L | EASE | | | |
| | Lease Name | Well No. Pool Name, Including Fo | | or Fee Federal | |
| | CROSBY "A" Jed | CATO San Andre | | reueral 0/42233 | |
| Location D CCO Service GGO Form | | | | Fact | |
| Unit Letter P ; 660 Feet From The OUTH Line and 660 Feet From The CAST Line of Section 8 Township 8-S Range 30-E , NMPM, CHAVES | | | | he | |
| | | | | HAVES County | |
| | | | | | |
| 111 | DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GA | S | | |
| | Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which approv | | |
| | MOBIL Pipe Line Corp. | | Box 900, Dallas, Texas | 3 | |
| | Nome of Authorized Transporter of Cast | inghead Gas 🔀 or Dry Gas 🔤 | Address (Give addres's to which approv | | |
| | CITIES SERVICE Oil Co. | | Bartlesville, Oklahoma | | |
| | If well produces oil or liquids, | Unit Sec. Twp. P.ge. G 10 8 30 | Is gas actually connected? Whe Yes | 7-25-68 | |
| | give location of tanks. | La dana da | | | |
| | If this production is commingled with that from any other lease or pool, give commingling order number: <u>CTB-170</u> | | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | |
| | Designate Type of Completio | n = (X) | | | |
| | 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 | |
| | | | <u> </u> | Depth Casing Shoe | |
| | Perforations | | | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | | |
| | | | | | |
| | | | · · · · | | |
| | | <u> </u> | | | |
| V | . TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a | ifter recovery of total volume of load oil epth or be for full 24 hours) | and must be equal to or exceed top allow- | |
| | OIL WELL | able for this de | Producing Method (Flow, pump, gas li | (t. etc.) | |
| | Date First New Oil Run To Tanks | | Freddond Manoe (Free) Freeb, Bree | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| | | | | | |
| | Actual Prod. During Test | Oil-Bble. | Water-Bbie. | Gas • MCF | |
| | | | <u></u> | | |
| | | | | | |
| | GAS WELL | Leasth of Toot | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | Actual Prod. Test-MCF/D | Length of Test | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| | Teating Method (Prior) ener Priy | | • | | |
| * / | CERTIFICATE OF COMPLIAN | CF | OIL CONSERV | TION COMMISSION | |
| V | . 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. | | | APPROVED | 19 19 | |
| | | | | · lementa | |
| | | | | | |
| (| D&4 NUCCC-H | | TITLE | | |
| | 1-NS// | | This form is to be filed in compliance with RULE 1104. | | |
| | 1-02? | | 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 | | |
| | I-Susp (Signalwe) | | well, this form must be accompanied by a tabulation of the ceviation tests taken on the well in accordance with RULE 111. | | |
| | ARTA SUPERINTENDENT | | All sections of this form must be filled out completely for allow- | | |
| | | - | able on new and recompleted wells. | | |
| | June 1968 (Date) | | well name or number, or transport | 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. | |
| | • • • • • | , , | Songrote Forms C-104 must be filed for each pool in multiply | | |

Separate Forms C-104 must be filed for each pool in completed wells.