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LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION 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

46619 9 21 PM '68
OIL-GAS STORAGE SYSTEM IT

NAME CHANGED: FROM: PAN AMERICAN PETROLEUM CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71	
Operator PAN AMERICAN PETROLEUM CORPORATION	
Address Box 68, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Transporter of: ☒ Oil ☐ Dry Gas ☐ Gas formerly vented
Recompletion ☐	Casinghead Gas ☒ Condensate ☐
Change in Ownership ☐	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE	
Lease Name LATO 2-1-68	Well No. 3
Pool Name, including Formation CATO San Andres	
Kind of Lease State, Federal or Fee Federal	
Lease No. NM 444628	
Location	
Unit Letter C	Feet From The Line and Feet From The East
Line of Section 1-4	Township 8-S
Range 30-E	NMPM, CHAVES
County	

II. 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)
MOBIL Pipe Line Corp	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)
CITIES SERVICE Oil Co.	Bartlesville, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit 5
Sec. 14	Twp. 8
Rge. 30	Is gas actually connected? Yes
When 8-9-68	

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-171

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.S.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	SACKS CEMENT

VI. 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	Date of Test
Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure
Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Ebbl.
Water-Ebbl.	Gas-MCF
GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Ebbl. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)
Casing Pressure (Shut-In)	Choke Size

VII. 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____	
BY <u>John W. Runyan</u>	
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.	
Section C-104 must be filed for each pool in multiply	

OK AMOCO-H
L-OBP
L-Shop
(Signature)
(Title)
June 1968
(Date)