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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

OIL-CATO EXCHANGE SYSTEM II

I.
Operator: PAN AMERICAN PETROLEUM CORPORATION

NAME CHANGED:
FROM PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

Address: Box 68, Hobbs, New Mexico

Reason(s) for filing (Check proper box)
New Well
Recompletion
Change in Ownership
Change in Transporter of: Oil / Casinghead Gas [X] / Dry Gas / Condensate
Other (Please explain) Gas formerly vented

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name: [illegible] | Well No.: [illegible] | Pool Name, Including Formation: CATO San Andres | Kind of Lease: State, Federal or Fee: Federal | Lease No.: NM 0177517

Location
Unit Letter [illegible] ; [illegible] Feet From The [illegible] Line and [illegible] Feet From The West
Line of Section [illegible] Township 8-S Range 30-E , NMPM, CHAVES County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil [X] or Condensate: MOBIL Pipe Line Corp
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 [X] or Dry Gas: CITIES SERVICE Oil Co.
Address (Give address to which approved copy of this form is to be sent): Bartlesville, Oklahoma

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	14	8	30	Yes	8-5-68

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

IV. 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.B.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

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)

OIL WELL
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-Bbls. | Water-Bbls. | Gas-MCF

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.

[illegible signature]
(Signature)
[illegible]
(Title)
[illegible]
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 15 1968, 19
BY John W. Runyan
TITLE [illegible]

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.

[illegible] must be filed for [illegible] pool in multiply