

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

(DEVIATION SURVEYS- BACK SIDE)

Operator PAN AMERICAN PETROLEUM CORPORATION Address BOX 68, HOBBS, N. M. 88240		NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-67	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>		
Recompletion	<input type="checkbox"/>		
Change in Ownership	<input type="checkbox"/>		
		Change in Transporter of:	
		Oil	<input checked="" type="checkbox"/>
		Dry Gas	<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

UNDESIGNATED

Lease Name MILLER Federal	Well No. 4	Pool Name, including Formation TOM-TOM SAN ANDRES	Kind of Lease Fed	Lease No. NM-046153-A
Location				
Unit Letter K	1980	Feet From The SOUTH	Line and 660'	Feet From The WEST
Line of Section 35	Township 7-S	Range 31-E	, NMPM, CHAVES 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"/>	Address (Give address to which approved copy of this form is to be sent)					
PERMIAN CORP (TRUCKS)	Box 3119, MIDLAND, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 P	Sec. 34	Twp. 7	Rge. 31	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-12-67	Date Compl. Ready to Prod. 11-1-67	Total Depth 4103'	P.B.T.D.					
Elevations (DF, R&B, RT, GR, etc.) 4338' R.D.B.	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 3932'	Tubing Depth					
Perforations 3932-88, 3998-4002, 4014-27 w/21PF	Depth Casing Shoe 4103'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 7/8"	DEPTH SET 355'	SACKS CEMENT 300					
7 7/8"	4 1/2"	4103'	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 11-1-67	Date of Test 11-5-67	Production Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 294	Oil - Bbls. 61	Water - Bbls. 233	Gas - MCF NA.

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.

(Signature)

AREA SUPERINTENDENT

(Title)

(Date)

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.

DEVIATION SURVEYS

DEGREES

<u>DEPTH</u>		<u>OFF</u>
355	-	$\frac{1}{4}$
865	-	$\frac{1}{2}$
1870	-	1 -
2370	-	$1\frac{1}{4}$
2630	-	"
2985	-	"
3291	-	$\frac{1}{2}$
3565	-	$\frac{3}{4}$
3872	-	$\frac{1}{2}$
4050	-	$\frac{1}{4}$

The above are true to the best of my knowledge.

Sworn & Subscribed to this date, November 7, 1867.

J. R. Moorhead
 Notary Public in & for the State of N. H.
 My Commission Expires 6-18-68