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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

(DUAL COMPLETED)

Operator PAN AMERICAN PETROLEUM CORPORATION		NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71	
Address BOX 68, HOBBS, N. M. 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/> Dual	Request authority to commingle with Hobbs GSA & Hobbs Drunkard oil into "STATE" G Storage System	
Recompletion	<input type="checkbox"/>	Change in Transporter of:	
Change in Ownership	<input type="checkbox"/>	Oil	<input 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 Phillips Petroleum Co. planning approval of formal application to be submitted. (pld. to be metered.)

II. DESCRIPTION OF WELL AND LEASE		UNDESIGNATED	
Lease Name STATE G	Well No. 5	Pool Name, including Formation HOBBS BLINEBRY OIL	Kind of Lease State, Federal or Fee STATE
Location Unit Letter E	1980 Feet From The NORTH Line and 660 Feet From The WEST	County LEA	Lease No. A-1573
Line of Section 33	Township 18-S	Range 38-E	NMPM, LEA

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)		
SHELL PIPE LINE CO.	Box 1910 MIDLAND TEXAS		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
PHILLIPS PETRO CORP	BARTLESVILLE, OKLAHOMA		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 33	Twp. 18
		Rge. 38	Is gas actually connected? YES
			When 10-13-69

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"/>
Date Spudded 8-23-69	Date Compl. Ready to Prod. 10-10-69	Total Depth 7040'	P.B.T.D. 6983'
Elevations (DF, RKB, RT, GR, etc.) 3657' R.D.B.	Name of Producing Formation BLINEBRY	Top Oil/Gas Pay 5856'	Tubing Depth 5966'
Perforations 5' 5 1/2" - 5' 11 1/2"		Depth Casing Shoe 7040'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8"	DEPTH SET 425'	SACKS CEMENT 400
12 1/4"	9 5/8"	3958'	550
8 5/8"	7"	7040'	700

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)

Date First New Oil Run To Tanks 10-10-69	Date of Test 10-10-69	Producing Method (Flow, pump, gas lift, etc.) SWAB	
Length of Test 11 hrs.	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test 178	Oil - Bbls. 142	Water - Bbls. 36 BLW	Gas - MCF TSTM

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		OIL CONSERVATION COMMISSION	
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 <u>OCT 20 1969</u> , 19	
BY <u>Area Superintendent</u>		BY <u>Supervisor District</u>	
TITLE <u>Area Superintendent</u>		TITLE <u>Supervisor District</u>	
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.			

OK 4-USGS-H	
1-JEL	
1-OBP	(Signature)
1-NSW	AREA SUPERINTENDENT
1-SUSP	(Title)
1-RRV	OCT 13 1969
	(Date)