HO. OF COPIES RECE	1460	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator PAN AM	erican	PET	ROLE
Address			
EOX 68,	HOBB	5, N	W
Reason(s) for filing	(Check	roper	box)
New Well	Ц		
	1 1		

	SANTA FE		FOR ALLOWABLE	Form C=104 Supersedes Old C=104 and C=110	
	FILE	REQUEST	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS	
	LAND OFFICE			_	
	TRANSPORTER OIL		HUDI	35 CTB-2	
	GAS				
	OPERATOR		6		
1.	PRORATION OFFICE	N.	TAME CHANCED		
!	PAN AMERICAN PETROLI	Part Acre are recent	IAME CHANGED: ROM: PAN AMERICAN PE	TO CORP	
	Address	T	O: AMCCO PRILLE	CORP,	
	BOX 68, HOBBS, N. M.	88240 Ef	FFECIAL 2	<b>C</b> U.	
	Reason(s) for filing (Check proper box)		" Other (Please explain)		
	New Well	Change in Transporter of:	CHANGE NAM	E OF LEASE	
	Recompletion	Oil Dry Gar	· '     C	0 3 1/2 0	
	Change in Ownership	Casinghead Gas Conden	sate FROM STATE	A-Z RIA A	
	If change of ownership give name		EFFECTIVE - 1	-1-7/	
	and address of previous owner				
71	DESCRIPTION OF WELL AND I	CEASE	•		
Ah.	DESCRIPTION OF WELL AND LEASE   Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Lease No.				
	STATE A	33 HOBBS -	GSA State, Feder	al or Foo JATE 1212	
	Location		00 -		
	Unit Letter $=:23/$	O Feet From The YOUTH Lin	e and 990 Feet From	The WEST	
		waship 19-5 Range	70 E /	EA County	
	Line of Section Tow	vnship /9-3 Range	38-E, NMPM, L	EH County	
	DESCRIPTION OF THANSHORD	TED OF OU AND NATURAL GA	. e :		
111.	Name of Authorized Transporter of Oil	rer of oil and natural ga  or Condensate □	Address (Give address to which appro	oved copy of this form is to be sent)	
	SUELL DIDE LINE	FC	MIDLAND TEXA	2.5	
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)	
	PHILLIPS DETRI	KEIIM CO	BARTLESUILLE OK	2A	
	if well produces oil or liquids,	Unit Sec Twp. P.ge.	Is gas actually connected? • W	hen	
	give location of tanks.	13 9 19 38	YES		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	PLC- 2	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completion	on – (X)	New Well Workstein Beepen		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spadded	200 00			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations	1	s'	Depth Casing Shoe	
	2				
			D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
		<del>                                      </del>	1		
			1		
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oi	l and must be equal to or exceed top allow-	
•	II. WELL.				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	,,, e.c.,	
	(T)	Tubing Pressure	Casing Pressure	Choke Size	
	Length of Teet	. don't read to			
	Actual Prod. During Test	Oil-Bble.	Water - Bbls:	Gas-MCF	
		,			
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
		Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	I doing blessme (State-In)			
			OU CONSERV	ATION COMMISSION	
VI	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I haraby cartify that the miles and	regulations of the Oil Conservation	APPROVED NOV 24 19/6 , 19		
	Commission have been complied to	with and that the information given			
	above is true and complete to the best of my knowledge and belief.		BY		
			TITLE		
5			This form is to be filed in compliance with RULE 1104.		
			If this to a sequent for all	traking to a request for allowable for a newly drilled or deepened	
	(Sign	nature)	I Pount this form must be accome	panied by a tabulation of the deviation	
	AREA SUPERINTENDENT tests taken on the well in accordance with NULE !!!				
(Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.		

OJ 4 -NIMOSC- H 1 - FIC JV - ATM: WIWOLFF 1 - SUST

NOV 2 0 1970

(Date).

able 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.

OIL COMSERVATION COMM.