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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 ~~IMPROVEMENT~~ ^{U.S.C.C.}
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUL 1 1 13 PM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator <i>Pan American Petro. Corp.</i>	
Address <i>Box 68, Hobbs, N.M.</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
Now Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease
Lease Name <i>Lullaby "B" Federal R/A</i>		<i>4</i>	<i>Monument (SSA) Oil</i>	<i>Federal</i>
Location				
Unit Letter <i>D</i>	<i>340</i> Feet From The <i>North</i> Line and <i>340</i> Feet From The <i>West</i>			
Line of Section <i>22</i>	Township <i>20</i>	Range <i>37</i>	NMPM, <i>Sea</i>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<i>Shell Pipeline Company</i>	<i>Box 1910 Midland, Texas</i>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<i>Phillips Petro. Co.</i>	<i>Phillips Petro. Bldg., 4th Floor, Okla.</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>N</i> Sec. <i>21</i> Twp. <i>20</i> Rge. <i>36</i>	Is gas actually connected? <i>YES</i>	When

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

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

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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

I. 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.	
<i>[Signature]</i> (Signature) <i>43-NMCC-A Area Sup't</i> (Title) <i>6-30-66</i> (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 Sections I, II, III, and VI only 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.	