

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION 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

Operator PAN AMERICAN PETROLEUM CORPORATION		NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71	
Address BOX 63, HOBBS, N. M. 88240			
Reason(s) for filing (Check proper box)	CANCEL	Other (Please explain) FORMER TRANSPORTER (OIL)	
New Well	Transporter of:	SHELL P.L. Corp, REQUEST D CANCELIATION	
Recompletion	Oil	OF AUTHORITY.	
Change in Ownership	Casinghead Gas	WELL IS SHUT-IN	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease		Lease No.
Lease Name GULLULY 'S' FED. RIA A	Well No. Pool Name, including Formation 5 MONUMENT (GSA) OIL	State, Federal or Fee FED.	031736(b)	
Location	Unit Letter C	Feet From The 330 NORTH	Line and 1650	Feet From The WEST
Line of Section 22	Township 20-S	Range 37-E	County LEA	

III. 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	or Condensate					
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	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	Sec.	Twp.	Rge.	Is gas actually connected?	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	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 (OF, 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 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 Press. During Test	Oil • Bbls.	Water • Bbls.	Gas • MCF
GAS WELL			
Actual Press. Test • MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back prod)	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 BY TITLE SUPERVISOR DISTRICT 1	
OCT 10 1963		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. Signature Form C-104 must be filed for each pool in multiply	