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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS.
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

AUG 1 9 42 AM '66

NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

PAN AMERICAN PETROLEUM CORPORATION	
Address: <u>Box 68 Hobbs, N.M.</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
Flow Well <input type="checkbox"/>	Change in Transporter of:
Re-completion <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"/>

Formerly - Pan American (Trucks)
Now name changed from: D.E. House A
TBloc. changed to loc. for Cone Central Storage Bldg.

If change of ownership give name and address of previous owner

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
<u>HOUSE A</u>	<u>1</u>	<u>HOUSE SAN ANDRES</u>	State, Federal or Fee <u>FEE</u>
Location			
Unit Letter	<u>I</u>	<u>1980</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u>	
Line of Section	<u>11</u>	Township <u>20-S</u> Range <u>38-E</u> NMPM, <u>LEA</u> County	

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)	
<u>THE PERMIAN CORP (TRUCKS)</u>		<u>Box 3115, MIDLAND, TEXAS</u>	
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)	
<u>EL PASO NATURAL GAS CO</u>		<u>Box 1384, JAL N.M.</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	<u>E</u>	<u>12</u>	<u>20</u>
			<u>38</u>
			Is gas actually connected? <u>YES</u> When

If this production is commingled with that from any other lease or pool, give commingling order number: DLC-13

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.				
Pool	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				

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	

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

Area Supt
(Signature)
(Title)
(Date) 7-28-66

0-4-NMOC-C-N
1-KWB
1-NSW
1-OAP
1-SUSP

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.