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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
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

AUG 1 9 39 AM '66

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

Owner
PAN AMERICAN PETROLEUM CORPORATION
Attention
Box 68 Hobbs, N.M.
Reason(s) for filing (check proper box)
New Well ☐
Incompletion ☐
Change in Ownership ☐

Other (Please explain)
Formerly - Pan American (Trucks)
Now name changed from: D.E. Howse B
TA Loc changed to loc 2 cone Central ship Batt.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name: HOWSE B Well No.: 1 Pool Name, including Formation: HOUSE SAN ANDRES Kind of Lease: State, Federal or Fee FEE
Location: Unit Letter: P 660 Feet From The: SOUTH Line and 660 Feet From The: EAST
Line of Section: 11 Township: 20-S Range: 38-E, NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate: THE PERMIAN CORP (TRUCKS) Address (Give address to which approved copy of this form is to be sent): Box 3715, MIDLAND TEXAS
Name of Authorized Transporter of Casinghead Gas or Dry Gas: EL PASO NATURAL GAS CO. Address (Give address to which approved copy of this form is to be sent): Box 1384, JAM. N. M.
If well produces oil or liquids, give location of tanks: Unit: F Sec: 12 Twp: 20 Rge: 38 Is gas actually connected? YES When: 5-1-66
If this production is commingled with that from any other lease or pool, give commingling order number: PLC-13

COMPLETION DATA
Designate Type of Completion - (X)
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:

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 (pitot, back pr.): Tubing Pressure: Casing Pressure: Choke Size:

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 Supr
7-28-66
04-NMOC-C-11
1-NSW
1-KWB
1-OBP
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.