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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SEP 13 1965
Form C-104
Supersedes Form C-104 and C-110
Effective 1-1-65

DUAL COMPLETED

UPPER ZONE

I. Operator Pan American Petroleum Corp
Address Box 68, Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
STATE "C" TRACT 13	9	TUBB-OIL	State, Federal or Fee STATE
Location			
Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u>			
Line of Section <u>36</u> , Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
TEXAS-NEW MEXICO PIPELINE Co.	Box 1510, MIDLAND, TEXAS
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
WARREN PETROLEUM CORP	Box 1197, EUNICE, N. M.
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	D 36 21 37

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.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-26-65	9-10-65	6670'	6635'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
TUBB-OIL	TUBB	6134	6290'					
Perforations			Depth Casing Shoe					
6134-38, 6143-46, 6150-54, 6162-66, 6180-84, 6190-96, 6204-12, 6234-40, 6264-68, 6283-86			6670'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	9 5/8"	1309'	570'					
8 3/4	7"	6670'	520'					
	2 3/8"	6290'						

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.)	
9-5-65	9-10-65	FLOWING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	150	450	18/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	44	8	NA

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

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.

Original Signed by
V. E. STALEY

(Signature)

(Date)

(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