ĺ	NO. OF COPIES RECEIVED					
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Ì	SANTA FE					
	FILE					
	u.s.g.s.					
	LAND OFFICE					
	IRANSPORTER	OIL				
		GAS				
	OPERATOR					
ı.	PRORATION OFFICE					

11.

III.

IV.

## HEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	AND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	TRANSPORTER OIL GAS OPERATOR								
1.	PRORATION OFFICE								
	PAN AMERICAN PETROLEUM CORPORATION								
	BOX 68, HOBBS, N. M. 0024U								
}	Reason(s) for filing (Check proper box)		Other (Please	e explain) RE	QUEST AUTH	INVITY TO			
	New Well Recompletion	Change in Transporter of: Oil Dry Gar Casinghead Gas Conden	COMMII	YGLE TCH	APORARILY FORMAL A	PENDING PPLICATION			
	Change in Ownership	Casinghead Gas Conden	PC-11)	EDB MITTE	: <u>()</u>				
	DESCRIPTION OF WELL AND	LFASE							
	Lease Name	Well No. Pool Name, Including Fo		Kind of Lease		Lease No.			
Ì	GILLULLY "B" Federal	13 WEIR Urink	ra rd	State, Federal	or ree FEC	031736(b			
		86 Feet From The NORTH Lin	and 1874	Feet From T	no East				
i	Line of Section 22 Tow	waship 20-5 Range	37-E , NMPN	LE	A	County			
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S						
	Name of Authorized Transporter of Oil		Address (Give address			is to be sent)			
	SHELL PIPE LINE ( Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Box 1910 Address (Give address	to which approv	ed copy of this form	is to be sent)			
	DUILLIDS PETRO. CO	ODESSA TEXAS							
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Twp.   Rge.   Is gas actually connected?   When						
	give location of tanks.	G   21   20   37	I.Vo:		,,, <sub>p</sub>				
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling orde	r number:					
	Designate Type of Completion	on - (X) Gas Well	New Well Workover	Deepen	1 +	Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
	Perforations				Depth Casing Shoe				
		TUBING, CASING, AND	CEMENTING RECO	RD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS	EMENT			
v.	TEST DATA AND REQUEST FO		fter recovery of total volu pth or be for full 24 hour		and must be equal to	or exceed top allow-			
	OIL WELL  Date First New Oil Run To Tanks  Date of Test		Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	<del></del>	Choke Size				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	`	Gas - MCF				
	CAS WELL	1	<del></del>		<del>1</del>				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condens	at•			
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shuf	t-in)	Choke Size				
VI.	CERTIFICATE OF COMPLIAN	OIL	CONSERVA	TION COMMISS	ION				
	Commission have been complied to	regulations of the Oil Conservation with and that the information given	APPROVED	A) e	Par on	_, 19			
	shows in the and complete to the	heat of my knowledge and helief	II DU X/M .		WINUV				

(Signature) OJA. NMOCC-W (Title)

AREA SUPERINTENDENT

SEP 2 5 1968

- 08P

1-505P (Date)

1- RRY

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.

This form is to be filed in compliance with RULE 1104.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.