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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND HOBBS OFFICE O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAY 23 8 02 PM '69  
(DEVIATION SURVEYS - BACK SIDE)

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

I. Operator  
**PAN AMERICAN PETROLEUM CORPORATION**  
Address  
**POST OFFICE BOX 68 HOBBS, NEW MEXICO 88240**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**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

**UNDESIGNATED**

Lease Name **STATE "C" TR. 11** Well No. **3** Pool Name, Including Formation **R-3783** Kind of Lease **STATE** Lease No. **B-1557**  
Location  
Unit Letter **1** Feet From The **198** Feet From The **1980** Feet From The **EAST**  
Line of Section **2** Township **21-S** Range **36-E** NMPM, **LEA** County

III. 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)  
**P. O. Box 3119, Midland, Texas**  
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 **J** Sec. **2** Twp. **21-S** Rge. **36-E** Is gas actually connected? **NO** 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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <b>4/12/69</b>	Date Compl. Ready to Prod. <b>5/15/69</b>		Total Depth <b>7054</b>		P.B.T.D. <b>6340</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3526 RDB</b>	Name of Producing Formation <b>Blinebry</b>		Top Oil/Gas Pay <b>5702</b>		Tubing Depth <b>5988</b>			
Perforations <b>5702, 23, 28, 36, 42, 49, 72, 78 X 84, 5802, 14, 63, 86, 98, 5949, 64,</b>		Depth Casing Shoe <b>7054</b>						
<b>X 85 W/ 1 JSPF TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE <b>12-1/4</b>	CASING & TUBING SIZE <b>9-5/8</b>		DEPTH SET <b>1302</b>		SACKS CEMENT <b>750</b>			
<b>8-3/4</b>	<b>4-1/2</b>		<b>7054</b>		<b>1200</b>			

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 <b>5/15/69</b>	Date of Test <b>5/20/69</b>	Producing Method (Flow, pump, gas lift, etc.) <b>FLOW</b>	
Length of Test <b>24 Hr</b>	Tubing Pressure <b>100</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>407</b>	Oil-Bbls. <b>218</b>	Water-Bbls. <b>189 BLW</b>	Gas-MCF <b>405</b>

GAS WELL

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

(Signature)  
Area Superintendent

0-3 NMOCC-H

1-NSW

1-OBP

1-SUSP

1-RRY

May 22, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED **1969**, 19

BY **John D. Hines**

TITLE **STRICT**

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.

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

# DEVIATION SURVEYS

## DEPTH

## DEGREES OFF

450	3/4
915	1
1760	1
2207	1-3/4
2550	2
2980	2-1/2
3150	1
3540	1/2
3760	3/4
4025	1/2
4340	1
4510	1
4800	3/4
5300	3/4
5600	1
6010	1-1/2
6080	1-1/2
6290	2
6410	1
6775	1
7000	1-1/2
7050	1-1/2

THE ABOVE ARE TURE TO THE BEST OF MY KNOWLEDGE

V. E. Staley - Area Superintedent

SWORN TO THIS DATE, MAY 22, 1969

*Barbara Sue Hunter*  
Notary Public in and for Lea County New Mexico

My commission expires February 5, 1970