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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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
PAN AMERICAN PETROLEUM CORPORATION

Address
BOX 68, HOBBS, N. M. 88240

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☒

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

NAME CHANGED:

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

Other (Please explain)

REQUEST TEMP AUTHORITY TO
COMMINGLE W/ PADDOCK OIL PROD
FROM WELL NO. 2 PENDING SUBMISSION
AND APPROVAL OF FORMAL APPLICATION

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name GRIZZELL "B"	Well No. 1	Pool Name, Including Formation BLINEBRY-OIL	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter G ; 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line of Section 8 Township 22-S Range 37-E , NMPM, LEA 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"/> SHELL PIPE LINE Co	Address (Give address to which approved copy of this form is to be sent) MIDLAND TEXAS					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SKELLY OIL Co	Address (Give address to which approved copy of this form is to be sent) EUNICE, N.M.					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 8	Twp. 22	Rge. 37	Is gas actually connected? YES	When 12-11-69

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Refracture	Other
Date Spurred OC 11-24-69	Date Compl. Ready to Prod. 12-11-69	Total Depth 6580'	P.B.T.D. 6410				
Elevations (DF, RKB, RT, GR, etc.) 3427' DF	Name of Producing Formation BLINEBRY	Top Oil/Gas Pay 5498'	Tubing Depth 6000'				
Perforations 5498, 5506, 12, 19, 31, 58, 59, 69, 85, 5610, 28, 32, 54, 84, 96, 5710, 19, 20, 38, 50, 59, 68, 84, 98, 5804, 16, 17, 34, 48, 56, 77, 82, 89, 5907, 15, 24, 32, 41			Depth Casing Shoe 6579				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE NA	CASING & TUBING SIZE 10 3/4	DEPTH SET 294'	SACKS CEMENT Circ.				
NA	7"	3425'	300 Sx				
NA	5 1/2"	3348'	w/ tie back packer				
	5"	3348-6579'	Circ.				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 12-11-69	Date of Test 12-24-69	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 Hrs	Tubing Pressure 560	Casing Pressure -	Choke Size 23/64"
Actual Prod. During Test 58	Oil-Bbls. 49	Water-Bbls. 9 BLW	Gas-MCF 1288 (444' HPL 602 26.285)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

04-4- NMCC-14

1- NSW

1- BCP

1- JSL

1- JPD

1- RRY

(Signature)

AREA SUPERINTENDENT

(Title)

DEC 24 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 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.