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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1100DS OFF DE O. C. C.
JAN 7 1 34 PM '66

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

I. Operator Pan American Petroleum Corporation		NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71
Address Box 68 - Hobbs, New Mexico - 88240		
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
		Other (Please explain) Pool name changed from Hahmat-Oil per Order R-2999 and correct battery location.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease
Lease Name W. Farnsworth "B" Fed.		3	Scarborough Yates Seven Rivers	Fed.
Location Unit Letter K , 1980 Feet From The South Line and 1650 Feet From The West Line of Section 7 , Township 26 Range 37 , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shall Pipe Line Corporation		Box 1910 - Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.		Box 1384 - Jal, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit H Sec. 7 Twp. 26 Rge. 37	Is gas actually connected? Yes	When NA

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbbls.	Water-Bbbls.	Gas-MCF

GAS WELL		Bbbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
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) Area Superintendent (Title) January 5, 1966 (Date)	
O & L-NMCCC 1-JHB 1-NM 1-Sup	

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.	

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