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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

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

HOBBS OFFICE O. C. C.

Form C-104

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

DEC 3 2 52 PM '65

I. OPERATOR

Operator Pan American Petroleum Corporation

Address Box 68 Hobbs, N.M. 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) Reclassification from Gas well to Oil well

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
<u>P.A. FARNSWORTH "A" Fed</u>	<u>4</u>	<u>SEABOROUGH YATES SEVEN RIVERS</u>	State, Federal or Fee <u>FEDERAL</u>
Location			
Unit Letter <u>E</u>	<u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u>		
Line of Section <u>18</u>	Township <u>26-E</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)
<u>SHELL PIPE LINE CORP</u>	<u>Box 1910, Midland, TEXAS</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS CO.</u>	<u>Box 1384, JAL. N. M.</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>E 18 26 37 YES</u>

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.
<u>X</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>X</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>X</u>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>09-10-29-65</u>	<u>11-16-65</u>	<u>3054'</u>	<u>2995'</u>					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>SEABOROUGH</u>	<u>YATES</u>	<u>2987'</u>	<u>2955</u>					
Perforations			Depth Casing Shoe					
<u>2987-93</u>			<u>3200</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	<u>9 5/8"</u>	<u>2645'</u>	<u>300 5x</u>					
	<u>7"</u>	<u>3028'</u>	<u>125 "</u>					
	<u>5 1/2" LINEAR</u>	<u>2884-3200'</u>	<u>150 "</u>					

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.)	
<u>11-27-65</u>	<u>12-1-65</u>	<u>PUMPING</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24</u>	<u>—</u>	<u>—</u>	<u>—</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>7</u>	<u>7</u>	<u>252</u>	<u>NA</u>

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. STALE

(Signature)

(Title)

(Date)

0+4 NMCC
1-JWB
1-AMG
1-RRY
1-SUSP

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.