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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROPRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS.  
REQUEST FOR ALLOWABLE  
AND THE O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JUN 27 8 58 AM '66

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

ILLEGIBLE

1. <u>Pan American Petroleum Corp.</u> <u>Box 68, Hobbs, New Mexico</u>		NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71
Reason(s) for filing (Check proper box)	Other (Please specify)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		
If change of ownership give name and address of previous owner		

RE-ENTERED PIA Well

II. DESCRIPTION OF WELL AND LEASE			
Lease Name <u>SOUTH MATTIX UNIT</u>	Well No. <u>12</u>	Pool Name, Including Formation <u>FOWLER BLINEBRY</u>	Kind of Lease <u>FEDERAL</u> State, Federal or <u>LC-032450(a)</u>
Location <u>P</u> : <u>766</u> Feet From The <u>SOUTH</u> Line and <u>554</u> Feet From The <u>EAST</u>			
Line of Section <u>22</u> , Township <u>24-S</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"/> <u>SHELL PIPE LINE CORP</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1910, MIDLAND, TEXAS</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>EL PASO NATURAL GAS CO</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1384, JAL N. M.</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>15</u>	Twp. <u>24</u>
	Range <u>37</u>	Is gas actually connected? <u>YES (EPNG STA No. 6382801)</u>	When <u>6-24-66</u>
If this production is commingled with that from any other lease or pool, give commingling order number: <u>PC-272</u>			

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	Flow Well
	Workover	Deepen	Plug Back
	Same Res'v.	Diff. Res'v.	
Date Spudded <u>OC 6-12-66</u>	Date Compl. Ready to Prod. <u>6-22-66</u>	Total Depth <u>10,977</u>	P.B.T.D. <u>6449</u>
Pool <u>FOWLER</u>	Name of Producing Formation <u>BLINEBRY</u>	Top Oil/Gas Pay <u>5413</u>	Tubing Depth <u>5384</u>
Perforations <u>5413-14, 17-19, 23-25, 31-33, 35-37, 51-53, 5511-13, 17-19, 54-56, 65-67, 75-77, 5604-08, 23-28, 54-56, 59-61, 72-74, 80-90</u>			Depth Casing Shoe <u>6515</u>
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE <u>7 7/8"</u>	CASING & TUBING SIZE <u>4 1/2"</u>	DEPTH SET <u>6515'</u>	SACKS CEMENT <u>500</u>

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 <u>6-22-66</u>	Date of Test <u>6-23-66</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOWING</u>	
Length of Test <u>24</u>	Tubing Pressure <u>200</u>	Casing Pressure <u>900</u>	Choke Size <u>17/64</u>
Actual Prod. During Test <u>157</u>	Oil-Bbls. <u>147</u>	Water-Bbls. <u>10 BLW</u>	Gas-MCF <u>96 (400-650)</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

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.

4-NMOC-H  
1-NSW  
1-OB Puryear  
1-SUP  
1-RRV  
1-CONOCO  
1-ATLANTIC  
1-TENNECO  
1-STD OF TEX  
1-STATE LAND

(Signature) Area Supr  
(Title)  
(Date) 6-24-66

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