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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

HOBBS OFFICE O. C. - 6
Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
DEC 13 10 29 AM '65

(DUAL COMPLETION)

I. OPERATOR		NAME CHANGED:
Pan American Petroleum Corp.		FROM: PAN AMERICAN PETR. CORP.
Address		TO: AMOCO PRODUCTION CO.
Box 68, Hobbs, NM 88240		EFFECTIVE: 2-1-71
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Formerly dual
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Fowler-Upper Yeso R-3987	
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
SOUTH MATIX UNIT	18	FOWLER BLINEBRY	State, Federal or Fee FEDERAL
Location			
Unit Letter	G	1980 Feet From The NORTH Line and 1830 Feet From The EAST	
Line of Section	22	Township 24-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"/>	Address (Give address to which approved copy of this form is to be sent)		
SHELL PIPELINE CORP	Box 1910, MIDLAND TEXAS		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
EI PASO NATURAL GAS CO	Box 1384, JAL N.M		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	0	15	24
			37
Is gas actually connected?	When	NA	
YES (6382801)			

If this production is commingled with that from any other lease or pool, give commingling order number: PC-272

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Comp. 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-Bbls.	Water-Bbls.	Gas-MCF

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.

O+4-NMOCC

1-JWA

1-AMG

1-SUSP

7

(Signature)

(Title)

(Date)

Area Foreman

12-9-65

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