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

HUBBS OFFICE O. C. C.
Form 1-104
Supersedes Old C-104 and C-110
Effective 1-1-65
DEC 15 7 35 AM '65

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

Operator Pan American Petroleum Corp
Address Box 68, Hobbs New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Upper zone of a dual completion.

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>SOUTH MATTIX UNIT</u>	<u>19</u>	<u>FOWLER LOWER PADDOCK GAS (OIL RM)</u>	<u>FEDERAL</u>
Location	Unit Letter	Feet From The	Line and
	<u>C</u>	<u>660</u>	<u>NORTH</u>
			<u>1980</u>
			<u>WEST</u>
Line of Section	Township	Range	NMPM, County
<u>22</u>	<u>24-S</u>	<u>37-E</u>	<u>LEA</u>

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>0 15 24 37 YES 12-7-65</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.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>10-5-65</u>	<u>11-14-65</u>	<u>5767'</u>	<u>5730'</u>					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>FOWLER</u>	<u>LOWER PADDOCK GAS (OIL RM)</u>	<u>5280'</u>	<u>5308'</u>					
Perforations	Depth Casing Shoe							
<u>5280' - 5308' w/ 2 J S P F</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>1053'</u>	<u>550</u>					
<u>8 3/4"</u>	<u>7"</u>	<u>5767'</u>	<u>550</u>					
	<u>2 7/8"</u>	<u>5308'</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>11-18-65</u>	<u>12-11-65</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>25</u>	<u>6</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.

044-NMOC

1-JWB

1-JMG

1-Susp

1-RRY

1-Conoco

1-ARL

1-TENNECO

2-STD OF TEX

1-STATE LAND

Signature

(Title)

(Date)

Area Foreman

12-14-65

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 multiple completion wells.