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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

110000 OFFICE O. G. 6  
Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-2-66  
JAN 27 AM '66

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

I. OPERATOR  
Pan American Petroleum Corp.  
Address: Box 68, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☒ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐  
Other (Please explain): Well recompleted from Fowler Ellen, to Fowler Blinberry Pool.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: SOUTH MATTIX UNIT Fed. Well No.: 2 Pool Name, including Formation: FOWLER BLINBERRY Kind of Lease: FED.  
Location: Unit Letter N; 660 Feet From The SOUTH Line and 1980 Feet From The WEST  
Line of Section 15, Township 24 Range 37, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
SHELL PIPE LINE CORP Address (Give address to which approved copy of this form is to be sent): Box 1910, MIDLAND TEXAS  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
EL PASO NATURAL GAS CO. Address (Give address to which approved copy of this form is to be sent): Box 1384, JAL. N. M.  
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 15 Twp. 24 Rge. 37 Is gas actually connected? Yes (When 8-28-66)

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)	<u>X</u>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	<u>09-1-10-66</u>	Date Compl. Ready to Prod.	<u>1-19-66</u>	Total Depth	<u>10,305'</u>	P.B.T.D.	<u>5750'</u>		
Pool	<u>FOWLER</u>	Name of Producing Formation	<u>BLINBERRY</u>	Top Oil/Gas Pay	<u>5,409</u>	Tubing Depth	<u>5720'</u>		
Perforations	<u>5409-11, 13-15, 55-56, 60-61, 67-68, 72-74, 94-95, 97-98, 5515-18, 55-56, 80-81, 87-88, 94-95, 5609-10, 16-17, 20-21, 33-34, 55-57, 72-73, 84-85, 91-93, 5699-5700, 07-08 w/2JS PF.</u>						Depth Casing Shoe	<u>10250'</u>	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/4"</u>		<u>13 3/8"</u>		<u>278'</u>		<u>300</u>			
<u>12 1/4"</u>		<u>9 5/8"</u>		<u>3824'</u>		<u>1100</u>			
<u>8 3/4"</u>		<u>7"</u>		<u>10250'</u>		<u>800</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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>1-19-66</u>	Date of Test	<u>1-24-66</u>	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	<u>24</u>	Tubing Pressure	<u>480</u>	Casing Pressure	Choke Size <u>20/64"</u>
Actual Prod. During Test	<u>189</u>	Oil-Bbls.	<u>187</u>	Water-Bbls.	Gas-MCF <u>186</u> (GOR-480 cgs-39.5)

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.

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.

044-NMCC-N  
1-JWB  
1-JMG  
1-SUP  
1-ATLANTIC  
1-SOULCO  
1-SPRINT  
1-STATELAND

(Signature)

(Title)

(Date)

Area Supr

1-24-66