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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

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

Operator <b>PAN AMERICAN PETROLEUM CORPORATION</b>		
Address <b>BOX 68, HOBBS, N. M. 88240</b>		
Reason(s) for filing (Check proper box)		Other (Name and Address)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<b>NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71</b>
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		<b>UNDESIGNATED</b>	
Lease Name <b>SOUTH MATIX UNIT</b>	Well No. <b>9</b>	Pool Name, Including Formations <b>FOWLER BLINE BRV</b>	Kind of Lease <b>FED.</b>
Location <b>Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST</b>	Lease No. <b>NM-0331613</b>		
Line of Section <b>15</b>	Township <b>24-S</b>	Range <b>37-E</b>	County <b>LEA</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>SHELL PIPE LINE CO</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1910 MIDLAND, TEXAS</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>EL PASO NATURAL GAS CO</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1384, JAL. N. M.</b>
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. <b>0 15 24 37</b>	Is gas actually connected? When <b>YES 3-26-67</b>

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

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>3-18-68</b>	Date Compl. Ready to Prod. <b>3-27-67</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3267 R.D.B.</b>	Name of Producing Formation <b>BLINE BRV</b>
Perforations <b>5440-42, 63-66, 79-81, 5508-10, 13-16, 48-59, 67-70, 5608-10, 46-48, 57-59, 61-63, 74-76</b>	Top Oil/Gas Pay <b>5440'</b>
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE <b>17 1/2"</b>	CASING & TUBING SIZE <b>13 3/8"</b>
<b>12 1/2"</b>	<b>9 5/8"</b>
<b>8 3/4"</b>	<b>7"</b>
	<b>2 3/8"</b>
DEPTH SET <b>320</b>	SACKS CEMENT <b>400</b>
<b>3814</b>	<b>625</b>
<b>10276</b>	<b>100 + 100</b>
	<b>inf @ 5698'</b>

VI. 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 <b>3-23-67</b>	Date of Test <b>3-27-67</b>
Length of Test <b>24</b>	Producing Method (Flow, pump, gas lift, etc.) <b>FLOW</b>
Actual Prod. During Test <b>292</b>	Tubing Pressure <b>200</b>
	Casing Pressure <b>110 BLW</b>
	Choke Size <b>28/64</b>
	Oil - Bbls. <b>182</b>
	Water - Bbls. <b>327</b>
	Gas - MCF <b>(1800600)</b>

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	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-14 1. NSW 1. WEF 1. ATC 1. CONOCO 1. SP-D-TEX 1. TENNECO 1. STATELAND 1. SUS P 1. R2y	(Signature) <b>Area Sup</b> (Title) <b>3-27-67</b> (Date)
OIL CONSERVATION COMMISSION	
APPROVED <b>8</b> , 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 only Sections I, II, III, and VI 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	