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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		<i>Fowler - Upper Yeso 40 (New Spool)</i>	
Lease Name <b>STATE D</b>	Well No. <b>3</b>	Pool Name, including Formation <b>FOWLER BLINBERRY</b>	Kind of Lease State, Federal or Fee <b>STATE</b>
Location		Lease No. <b>B-2616</b>	
Unit Letter <b>B</b> ; <b>330'</b> Feet From The <b>NORTH</b> Line and <b>2050'</b> Feet From The <b>EAST</b>			
Line of Section <b>16</b> Township <b>24-S</b> Range <b>37-E</b> , NMPM, <b>LEA</b> 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)		
<b>THE PERMIAN CORP (TRUCKS)</b>	<b>Box 3115, MIDLAND, TEXAS</b>		
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)		
<b>EL PASO NATURAL GAS CO.</b>	<b>Box 1384, JAL. N. M.</b>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	<b>B</b>	<b>16</b>	<b>24</b>
			<b>37</b>
			<b>YES</b>
			<b>3-26-69</b>

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.
Date Spudded <b>OC</b> <b>3-13-69</b>	Date Compl. Ready to Prod. <b>3-25-67</b>	Total Depth <b>7712'</b>	P.B.T.D. <b>6740'</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3287 R.D.B.</b>	Name of Producing Formation <b>BLINBERRY</b>	Top Oil/Gas Pay <b>5509'</b>	Tubing Depth <b>6011'</b>
Perforations <b>5509-12, 5537, 5540-44, 5551-54, 5555, 5588-94 w/ISPF</b>		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>13 3/4"</b>	<b>10 3/4"</b>	<b>345'</b>	<b>250</b>
<b>9 7/8"</b>	<b>7 5/8"</b>	<b>3475'</b>	<b>300</b>
<b>6 3/4"</b>	<b>4 1/2"</b>	<b>7712'</b>	<b>600</b>

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 <b>3-26-69</b>	Date of Test <b>3-27-69</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PMP + Flow</b>	
Length of Test <b>24 Hrs</b>	Tubing Pressure <b>300</b>	Casing Pressure <b>-</b>	Choke Size <b>16/64"</b>
Actual Prod. During Test <b>208</b>	Oil - Bbls. <b>104</b>	Water - Bbls. <b>104 BLW</b>	Gas - MCF <b>116 (GOR- 1115) (Q<sub>g</sub> 39.4°)</b>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.	
<b>5-NMOCC-4</b>	
<b>1-NSW</b>	
<b>1-OBP</b>	
<b>1-JEL</b>	
<b>1-SUSD</b>	
<b>1-RRY</b>	
(Signature) <i>AREA SUPT</i>	
(Title) <b>3-28-69</b>	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED <b>APR 9 1969</b>	19
BY <i>Joe J. [Signature]</i>	
TITLE <b>SUPERVISOR DISTRICT 1</b>	
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 completed wells.	