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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

HOBBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
APR 15 8 02 AM '66

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(Deviation Surveys - Back Side)

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Fowler - Upper Yeso R-3987

Lease Name <u>SOUTH MATTHEW UNIT Fed</u>	Well No. <u>20</u>	Pool Name, Including Formation <u>FOWLER BLINE BRV</u>	Kind of Lease State, Federal or Fee <u>FED.</u>
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>15</u> , Township <u>24-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> 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"/> <u>SHELL PIPELINE CORP</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1910 MIDLAND TEXAS</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>EL PASO NATURAL GAS CO</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1384 SAL N.M.</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>15</u>	Twp. <u>24</u>
	Rge. <u>37</u>	Is gas actually connected? <u>YES (ENG 5th No.)</u>	
		When <u>4-9-66</u>	

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

DC-272

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>3-15-66</u>	Date Compl. Ready to Prod. <u>4-3-66</u>		Total Depth <u>5750'</u>	P.B.T.D. <u>5716'</u>				
Pool <u>FOWLER</u>	Name of Producing Formation <u>BLINE BRV</u>		Top Oil/Gas Pay <u>5430'</u>	Tubing Depth <u>5580'</u>				
Perforations <u>5430-32, 36-40, 63-64, 99-98, 55 23-24, 30-31, 41-45, 54-56, 78-80, 82-88, 5602-03, 23-24, 34-39, 48-50, 64-67, 86-88 W/2 LSPF</u>			Depth Casing Shoe <u>5750'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>11"</u> <u>7 7/8"</u>	CASING & TUBING SIZE <u>8 5/8"</u> <u>4 1/2"</u> <u>2 3/8"</u>		DEPTH SET <u>1014'</u> <u>5750'</u> <u>5580'</u>		SACKS CEMENT <u>475</u> <u>610</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 <u>4-3-66</u>	Date of Test <u>4-9-66</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOW</u>	
Length of Test <u>24</u>	Tubing Pressure <u>560</u>	Casing Pressure <u>1400</u>	Choke Size <u>17/64</u>
Actual Prod. During Test <u>276</u>	Oil-Bbls. <u>193</u>	Water-Bbls. <u>83 BLW</u>	Gas-MCF <u>184 (602955' eq 38')</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.

44-DMOCC-14
1-KWB
1-JWB
1-OBP

1-COLOCO
1-ATLANTIC
1-TENNECO
1-STD OF TEX
1-STATE LAND

(Signature)

(Title)

(Date)

Area Sup

4-11-66

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 completed wells.

Revolution Precip
Light Size

341 - 1/4
553 - "
791 - 1/2
1508 - 1 1/4
1992 - 1 1/4
2599 - 2
2949 - 2 1/4
3200 - 2 1/4
3525 - 1 1/2
3635 - 3/4
4582 - 3/4
4717 - 3/4
5079 - 1 1/2
5322 - 2 1/2
5553 - 2 3/4
5750 - 3 1/2

The above are true to the best of my knowledge.

Area Dept.

San Antonio, Tex. 11th day of April, 1966.

St. Mark
Notary Public In & For Lea Co. N.M.

My commission expires 6-18-68

