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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE 6.8:
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-83

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(Deviation Surveys Back Side)

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address Box 68 Hobbs, N.M.	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	NAME CHANGED:
Recompletion <input type="checkbox"/>	FROM: PAN AMERICAN PETR. CORP.
Change in Ownership <input type="checkbox"/>	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

Lease Name SOUTH MATTHEW UNIT FEDERAL	Well No. 21	Pool Name, Including Formation FOWLER ELLENBURGER	Kind of Lease State, Federal or Fee FED	Lease No. LC-032450(4)
Location Unit Letter K : 1873.3 Feet From The SOUTH Line and 2086.7 FT Feet From The WEST				
Line of Section 15 Township 24-S Range 37-E, NMPM, LEA 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"/> SHELL PIPE LINE Co.	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 Sec. Twp. Rge. Is gas actually connected? When 0 15 24 37 YES (632380) 12-13-66

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

V. 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 9-28-66	Date Compl. Ready to Prod. 11-23-66	Total Depth 9849	P.B.T.D. 9848'					
Elevations (DF, RKB, RT, GR, etc.) 3266' RDB (12-13-66)	Name of Producing Formation ELLENBURGER	Top Oil/Gas Pay 9790	Tubing Depth					
Perforations 9790-9830' w/2SPF	Depth Casing Shoe 9849'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	312	350					
12 1/4"	8 5/8"	4378	600					
7 7/8"	5 1/2"	9849	300					

VI. 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 11-23-66	Date of Test 12-13-66	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 283	Oil-Bbls. 261	Water-Bbls. 22 BLW	Gas-MCF 97 (372 602 46' 602)

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

1. 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.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

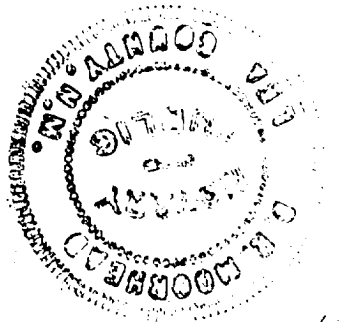
This form is to be filed in compliance with RULE 1104.

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 completed wells.



Over days - 12-15-66
known to this date, the 15th day of December, 1966

Notary Public for the State of New York
My Commission Expires 6-18-68

The above are true to the best of my knowledge.

7046	- 2 3/4	9458	- 4 3/4
6995	- 2 1/2	9394	- 5
6833	- 2 1/4	9265	- "
6771	- "	9215	- 1/2
6670	- 2 3/4	9142	- "
6616	- 2 1/2	9080	- "
6556	- 3 1/4	9050	- 3 1/2
6494	- 2 3/4	9035	- 3 3/4
6433	- 3	8933	- 3 1/2
6323	- 3 1/2	8844	- "
6230	- 3/4	8814	- "
6149	- 4 1/2	8790	- 3
6106	- 3 1/2	8777	- 3 1/4
6046	- "	8691	- 3 1/4
5984	- 3 1/2	8600	- 4
5923	- "	8530	- 3 1/4
5900	- 3 3/4	8488	- 3 1/4
5831	- 4	8447	- 3 1/4
5684	- 3 3/4	8386	- "
5592	- 4	8263	- 3 1/2
5499	- 3 1/2	8233	- 4
5096	- 2	8143	- 3 1/4
4625	- 1	8050	- 3 1/2
4194	- "	7919	- 4
3943	- "	7898	- 4 1/4
3699	- 1/2	7832	- 3 1/4
3427	- "	7776	- 3 1/2
3020	- 1 1/4	7715	- 3 3/4
2700	- 3/4	7566	- 2 3/4
2479	- 1 1/2	7377	- "
1768	- "	7321	- 2 1/2
1512	- 3/4	7230	- 2 1/4
1137	- 1/2	7175	- 2 1/2
761	- 1/4		

Deputy Register
Deputy Register
TD
9584 - 4
9750 - 4 1/2
9849 - 4