

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico

July 24, 1961

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Pan American Petroleum Corporation-Navajo Tribal "H", Well No. **7**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)

I, Sec. **24**, T. **29N**, R. **14W**, NMPM, **Totah Gallup** Pool
Unit Letter

San Juan

County. Date Spudded **June 20, 1961** Date Drilling Completed **July 9, 1961**

Please indicate location:

Elevation **5459'** Total Depth **5314'** PBD **5268'**

Top Oil/Gas Pay **5180'** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **4 shots per foot 5227-5233'**

Open Hole **NONE** Depth Casing Shoe **5304'** Depth Tubing **5235'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **217** bbls. oil, **0** bbls. water in **24** hrs, **0** min. Size **28/64"** Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **18,100 gallons oil and 15,000 pounds sand.**

Casing Press. **500** Tubing Press. **140** Date first new oil run to tanks **July 13, 1961**

Oil Transporter **Four Corners Pipe Line Company**

Gas Transporter **None**

Remarks: **Completed as flowing Totah Gallup Development oil well July 18, 1961.**

I hereby certify that the information given above is true and complete to the best of my knowledge. DIST. 3

Approved: **JUL 25 1961**, 19.....

Pan American Petroleum Corporation

ORIGINAL SIGNED Operator

E. R. TURNER

By: _____ (Signature)

OIL CONSERVATION COMMISSION

By: **Original Signed Emory C. Arnold**

Title **Supervisor Dist. # 3**

Title **Administrative Clerk**

Send Communications regarding well to:

Name **Pan American Petroleum Corporation**

Address **Box 480, Farmington, New Mexico**

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
ALBUQUERQUE DISTRICT OFFICE	
NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
PROMOTION OFFICE	
OPERATOR	
OIL	
GAS	