

| | | |
|------------------------|-----|---|
| NO. OF COPIES RECEIVED | | 5 |
| DISTRIBUTION | | |
| SANTA FE | | / |
| FIL | | / |
| U.S.G.S. | | |
| 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

I. Operator
PAN AMERICAN PETROLEUM CORPORATION
Address
P. O. Box 480, Farmington, New Mexico
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|----------------------|---|---|
| Lease Name State Gas Unit BB | Well No. 1 | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee State |
| Location Unit Letter M ; 880 Feet From The South Line and 1190 Feet From The West Line of Section 16 , Township 31-N Range 12-W , NMPM, San Juan County | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|-------------------|---------------------|---------------------|---|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 16 | Twp. 31-N | Rge. 12-W | Is gas actually connected? No | When |

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. |
| | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| Date Spudded 12-15-64 | Date Compl. Ready to Prod. 1-28-65 | Total Depth 7241 | | P.B.T.D. 7220 | | | | |
| Pool Basin Dakota | Name of Producing Formation Dakota | Top Oil/Gas Pay 7074 | | Tubing Depth 7079 | | | | |
| Perforations 7154-60, 7181-87 With 4 Shots Per Foot. 7074-90 With 4 Shots Per Foot. | | | | Depth Casing Shoe 7241 | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13-3/4" | 10-3/4" | | 250 | | 150 | | | |
| 9-7/8" | 7-5/8" | | 4811 | | 700 | | | |
| 6-3/4" | 4-1/2" | | 7241 | | 400 | | | |
| | 2-3/8" | | 7079 | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |

GAS WELL

| | | | |
|--|----------------------------------|-----------------------------------|-----------------------------------|
| Actual Prod. Test-MCF/D 3100 | Length of Test 3 Hours | Bbls. Condensate/MMCF - | Gravity of Condensate - |
| Testing Method (pitot, back pr.) Back Pressure | Tubing Pressure 250 | Casing Pressure 925 | Choke Size 3/4" |

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.

ORIGINAL SIGNED BY
L. R. Turner

(Signature)

Administrative Clerk

(Title)

February 2, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 5 1965**
Original Signed By
BY **A. R. KENDRICK**
TITLE **PETROLEUM ENGINEER DIST. NO. 3**

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.

TABULATION OF DEVIATION TESTS
PAN AMERICAN PETROLEUM CORPORATION

| <u>DEPTH</u> | <u>DEVIATION</u> |
|--------------|------------------|
| 2981 | 1/4" |
| 790 | 1/2" |
| 1714 | 2-1/2" |
| 2720 | 2-3/4" |
| 3535 | 3" |
| 3750 | 3" |
| 3919 | 3-1/4" |
| 4162 | 2-1/4" |
| 4310 | 1" |
| 4820 | 2-1/2" |
| 4970 | 2-1/4" |
| 5324 | 1-1/4" |
| 5812 | 3/4" |
| 6215 | 1/2" |
| 6615 | 1" |
| 6975 | 1-3/4" |

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on PAN AMERICAN PETROLEUM CORPORATION'S State Gas Unit No. 22, Well #1, Basin Dakota Field, located in the SW/4 NW/4 of Section 16, T-31-N, R-12-W, San Juan County, New Mexico.

Signed F. H. Hallingworth
Petroleum Engineer



THE STATE OF NEW MEXICO)
COUNTY OF SAN JUAN) SS.

BEFORE ME, the undersigned authority, on this day personally appeared F. H. Hallingworth known to me to be Petroleum Engineer for Pan American Petroleum Corporation and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 2nd day of February, 1964.

C. K. Watt
Notary Public