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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.

Hobbs, New Mexico
(Place)

June 4, 1963
(Date)

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

Pan American Petroleum Corporation Plains Unit, Well No. 2, in SW 1/4 NW 1/4,
(Company or Operator) (Lease)

E, Sec. 23, T. 19-S, R. 32-E, NMPM., Lusk Strawn Pool
Unit Letter

Lea County. Date Spudded 3-19-63 Date Drilling Completed 5-20-63

Please indicate location:

D	C	B	A
E	F	G	H
X			
L	K	J	I
M	N	O	P

Elevation 3581 BDB Total Depth 11,996 PBDT 12,629

Top Oil/Gas Pay 11,432 Name of Prod. Form. Strawn

PRODUCING INTERVAL -

Perforations 11,432-38, 11,440-48, 11,456-66, W/25PF

Open Hole _____ Depth _____ Casing Shoe 12,765 Depth _____ Tubing 11,530

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 Choke load oil used): 398 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 16/64

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): 1000 Gallons Acid

Casing _____ Tubing _____ Date first new _____ oil run to tanks 5-28-63
Press. _____ Press. 800

Oil Transporter The Permian Corporation

Gas Transporter None

Remarks: Dual completed with Lusk Morrow Gas Zone, shut-in.

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

Approved June 4, 19 63

Pan American Petroleum Corporation
(Company or Operator)

By: _____
(Signature)

Title Area Superintendent

Send Communications regarding well to:

Name V. E. Staley

Address Box 68 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____

DEVIATION SURVEYS

DEPTH


DEGREE OFF

250	1/4
515	1-1/2
750	1-1/2
1150	2-1/4
1550	1-3/4
2240	2
2620	2-1/2
2960	1-3/4
3571	2
4020	2
4360	1
4750	2-1/2
4985	1
5625	1/2
6100	1/4
6550	1/4
6940	3/4
7800	1/4
8580	1
9130	3/4
9270	1/2
9517	1/2
9980	3/4
10340	1/2
10840	1/2
11070	1/2
11330	3/4
11580	1
11700	1
11845	1
12145	1-1/2
12260	1-1/4
12675	1-1/4
12972	1-1/4

This survey information is true and correct
to the best of my knowledge and belief.


V. E. Staley - Area Superintendent

Sworn and subscribed to this 4th day of June,
1963.


G. D. Durham, Notary Public in and for
Lea County, New Mexico