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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECEIVED
JAN 6 19
O. C.
ARTESIA

New Well
Recompl.

This form is to 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) 1-3-61 (Date)

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

Pan American Petroleum Corp. (Company or Operator) W. E. Bondurant (Lease) Well No. 2, in SE/ ¼ NE/ ¼,

M (Unit Letter), Sec. 13, T 19-S, R 32-E, NMPM, West Tonto Yates-Seven Rivers Pool

Lea County. Date Spudded 12-24-60 Date Drilling Completed 12-30-60

Elevation 3645 RDB Total Depth 3305 PBTD 3296

Top Oil/Gas Pay 3275 Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 3275-80 w/2SPF

Open Hole ____ Depth Casing Shoe 3305 Depth Tubing 3270

OIL WELL TEST -

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

Test After ~~Acid~~ or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 49 bbls.oil, 78 bbls water in 16 hrs, ____ min. Choke Size Pump

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): 500 gal 15% regular acid.

Casing Press. ____ Tubing Press. ____ Date first new oil run to tanks 1-2-61

Oil Transporter Indiana Oil Purchasing Co. (Trucks)

Gas Transporter ____

Remarks: Completed 1-2-61 as a pumping oil well.

Please indicate location:

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

2310 F/NL x 330 F/EL

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	290	200
4-1/2"	3305	850
2"	3270	

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

Approved ____, 19 ____

OIL CONSERVATION COMMISSION

By: ____

Title ____

Pan American Petroleum Corporation
(Company or Operator)

By: ____
(Signature)

Title: Area Superintendent

Send Communications regarding well to:

Name: V. E. Staley, Jr.