

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

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

I. OPERATOR

Operator Pan American Petroleum Corp.
 Address Box 68, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Oil Dry Gas
 Recompletion Oil Casinghead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name SOUTH MATTIX UNIT Well No. 9 Pool Name, including Formation FOWLER LOWER PADDOCK GAS (OIL RIM) Kind of Lease FED.

Location Unit Letter B ; 660 Feet From The NORTH Line and 1980 Feet From The EAST 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 or Condensate
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 or Dry Gas
EL PASO NATURAL GAS Co Address (Give address to which approved copy of this form is to be sent)
Box 1384, JAM., N.M.

If well produces oil or liquids, give location of tanks. Unit 0 Sec. 15 Twp. 24 Rge. 37 Is gas actually connected? YES When 5-1-65

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date <u>OC</u>	Date Compl. Ready to Prod. <u>5-1-65</u>	Total Depth <u>10,438'</u>	P.B.T.D. <u>5700'</u>					
<u>3-29-65</u>		Top Oil/Gas Pay <u>5258</u>	Tubing Depth <u>4789'</u>					
Pool <u>FOWLER</u>	Name of Producing Formation <u>LOWER PADDOCK</u>	Perforations <u>5258' - 5276' W/2SPF</u>	Depth Casing Shoe <u>10,276</u>					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8" 36"</u>	<u>320</u>	<u>800</u>
<u>12 1/2</u>	<u>9 7/8"</u>	<u>3814</u>	<u>625</u>
<u>8 3/4</u>	<u>7"</u>	<u>10276</u>	<u>100</u>
	<u>2"</u>	<u>4789</u>	

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 <u>4-8-65</u>	Date of Test <u>5-2-65</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOWING (INTERMITTER)</u>	
Length of Test <u>24</u>	Tubing Pressure <u>250-40</u>	Casing Pressure	Choke Size <u>INT</u>
Actual Prod. During Test	Oil-Bbls. <u>69</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>57</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

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 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.

Original Signed By O. R. WILLIAMS, JR.
 (Signature)
Area Foreman
 (Title)
5-5-65
 (Date)

(044) NMPM 1-ATL 1-STRICKLAND
 04-4-65 1-TENNECO 1-STRICKLAND
 6-30-65 1-STA-TEX 1-STRICKLAND
 4-1-65 1- " " 1-STRICKLAND
 4-CONOCO 1- " " 1-STRICKLAND