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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-10)  
Revised 7/1/57

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

~~XXXXXXXXXX~~  
Recomplete

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 QUADRUPPLICATE 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

November 3, 1960

(Place)

(Date)

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

**Pan American Petroleum Corporation** State **AJ**, Well No. **6**, in **SW**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,  
Company or Operator  
**M** Sec. **30**, T. **25S**, R. **38E**, NMPM, **Justis Blinebry** Pool  
Unit Letter

Lea

County Date Spudded **9-17-60** Date Drilling Completed **10-13-60**

Please indicate location:

Elevation **3069' RDB** Total Depth **7020'** PBD **6986'**

Top Oil/Gas Pay **5070'** Name of Prod. Form. **Blinebry**

PRODUCING INTERVAL -

Perforations **5172'-5330'**

Open Hole \_\_\_\_\_ Depth **7020'** Depth **5343'**  
Casing Shoe \_\_\_\_\_ Tubing \_\_\_\_\_

OIL WELL TEST -

Natural Prod. Tests: \_\_\_\_\_ bbls oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

Test After Acid Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): ~~XXXXXXXXXX~~ \_\_\_\_\_ bbls oil, \_\_\_\_\_ bbls water in **24** hrs, \_\_\_\_\_ min. Choke **9/64"**

GAS WELL TEST -

Natural Prod. Tests: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Tubing, Casing and Cementing Record

Method of Testing (pilot, back pressure, etc.): \_\_\_\_\_

Size Feet Sax

Test After \_\_\_\_\_ Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Size	Feet	Sax
13-3/8"	320'	250
9-5/8"	3200	250
7"	7020	600
2"	5343	

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Sand Frac, 20,000/oil, 40,000/SW**

Casing \_\_\_\_\_ Running \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. **225** Press. **750** oil run to tanks **11-1-60**

Oil Transporter: **Texas New Mexico Pipe Line Company**

Gas Transporter: **El Paso Natural Gas Company**

Remarks:

**Blinebry zone completed 11-1-60 as flowing oil well.**

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

Approved \_\_\_\_\_

**Pan American Petroleum Corporation**

(Company or Operator)

Original Signed by

By **I. W. BROWN** \_\_\_\_\_  
(Signature)

OIL CONSERVATION COMMISSION

By \_\_\_\_\_

Date **Area Superintendent**

Send Communications regarding well to:

Title \_\_\_\_\_

**J. W. Brown**

Name \_\_\_\_\_

**Box 68, Hobbs, New Mexico**