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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

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name STATE DG	Well No. 1	Pool Name, including Formation BAGLEY, NORTH MIDDLE PENN	Kind of Lease State, Federal or Fee	Lease No. 06-530
Location				
Unit Letter F	1980	Feet From The NORTH	Line and 1980	Feet From The WEST
Line of Section 16	Township 11-S	Range 33-E	NMPM,	LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
PAN AMERICAN PETROLEUM CORPORATION (TRUCKS)	Box 1725, MIDLAND, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16	Twp. 11	Rge. 33	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 5-3-67	Date Compl. Ready to Prod. 5-7-67	Total Depth 10268	P.B.T.D. 9930
Elevations (DF, RKB, RT, GR, etc.) 4297' R.D.B.	Name of Producing Formation MIDDLE PENN	Top Oil/Gas Pay 9752	Tubing Depth 9906
Perforations 9752, 9775, 9784, 9854, 9878-90, 9904 w/21SPF Juk			Depth Casing Shoe 10268
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	400	350
12 1/4	8 5/8	3851	400
7 7/8	5 1/2	10268	600

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 5-8-67	Date of Test 5-10-67	Producing Method (Flow, pump, gas lift, etc.) Flow & Swab	
Length of Test 24	Tubing Pressure 150-200	Casing Pressure 0	Choke Size 20/64
Actual Prod. During Test 288	Oil-Bbls. 230	Water-Bbls. 58	Gas-MCF N/A

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

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.	
0 + 4 - NMOCC-N	
1 - NSW	
1 - OBP	
1 - SUSP	
1 - RRY	
(Signature)	AREA SUPERINTENDENT
(Title)	
(Date)	5-10-67

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 only Sections I, II, III, and VI 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.	