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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ~~DEVIATION SURVEYS~~ OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 29 8 12 AM '67
(DEVIATION SURVEYS- BACK SIDE)

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)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE		UNDESIGNATED	
Lease Name STATE "DG"	Well No. 1	Pool Name, including Formation BAGLEY, NORTH LOWER PENN	Kind of Lease State, Federal or Fee STATE
Location		Lease No. OG-530	
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	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PAN AMERICAN PETROLEUM CORPORATION (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) Box 1725, MIDLAND, TEXAS 79701					
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:

III. 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 12-16-66	Date Compl. Ready to Prod. 1-25-67	Total Depth 10268	P.B.T.D. 10189
Elevations (DF, RKB, RT, GR, etc.) 4297' R.D.B.	Name of Producing Formation LOWER PENN	Top Oil/Gas Pay 10088	Tubing Depth 6608
Perforations 10088-98, 104-110		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

IV. 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 1-25-67	Date of Test 2-24-67	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 305	Oil-Bbls. 115	Water-Bbls. 180	Gas-MCF 169

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

I. 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.	
043-NMOC-14 1- NSUD 1- BILL FARMER 1- SUSP 1- RRY	(Signature) AREA SUPERINTENDENT (Title) 2-24-67 (Date)

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.	

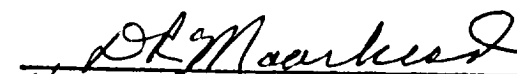
DEVIATIONS	
DEPTH	DEGREES
744 -	$\frac{3}{4}$
1150 -	1 -
1514 -	$\frac{3}{4}$
1750 -	1 -
2114 -	$1 \frac{1}{4}$
2650 -	$\frac{3}{4}$
2890 -	$1 \frac{1}{4}$
3395 -	$\frac{1}{2}$
3490 -	$\frac{3}{4}$
4206 -	$\frac{1}{2}$
4700 -	$\frac{3}{4}$
4800 -	$\frac{1}{2}$
5250 -	$\frac{3}{4}$
5591 -	"
5960 -	$1 \frac{1}{2}$
6600 -	"
6990 -	1 -
7330 -	1 -
7954 -	$1 \frac{1}{4}$
8139 -	$\frac{3}{4}$
8575 -	1 -
8808 -	$1 \frac{1}{4}$
9250 -	$\frac{3}{4}$
9512 -	1 -
9840 -	1 -
10268 -	1 -

The above are true to the best of my knowledge.


 AREA SUPERINTENDENT

2-24-67

Sworn to this date, the 24th day of February, 1967


 Notary Public In & For Lea Co. N.M.
 My Commission expires 6-18-68