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TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

(Deviation Surveys on Backside)

New Well
Recompletion

Jan 23 1 30 PM '64

This form shall 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

January 23, 1964

(Place)

(Date)

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

Pan American Petroleum Corporation USA Russell E. Horton, Well No. 1, in 1/4 Sec. 34, T. 3-S, R. 35-E, NMPM, Milnesand San Andres (Oil) Pool

(Company or Operator)

(Lease)

Unit Letter
Roosevelt

County: Date Spudded 1-2-64 Date Drilling Completed 1-13-64
Elevation 4233' RDB Total Depth 4693' PBD 4691'

Please indicate location:

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

Top Oil/Gas Pay 4626' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4626'-35'; 4646'-50'; 4656-74' W/2SPF

Open Hole Depth 4693' Depth Casing Shoe 4653'

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): 118 bbls. oil, 0 bbls water in 24 hrs, _____ min. Choke Pmp _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8"	404	200
1-1/2"	4693	350
2"	4653	

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): 2,500 Gallons Acid

Casing Date first new 1-19-64
Tubing Press. oil run to tanks

Oil Transporter Indiana Oil Purchasing Company (Trucks)

Gas Transporter None

Remarks: _____

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

Approved: _____, 19____

Pan American Petroleum Corporation

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Title _____

Original Signed By: V. E. Staley

Title: Area Superintendent

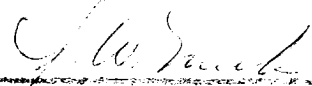
Name: Send Communications regarding well to: V. E. Staley

Address: Hobbs, New Mexico

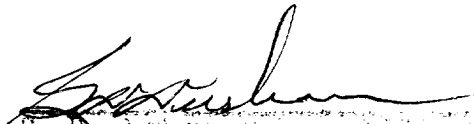
DISPOSITION OF LANDS

<u>ACRES</u>	<u>FRACTIONS OF ACRES</u>
406	1/4
914	1/2
1672	1
2594	1-1/4
3331	3/4
3703	1
3946	1-1/4
4140	1
4262	3/4
4436	1/2
4526	1/2
4600	1/2

The above are true and correct to the best of my knowledge and belief.


J. W. Huel, Area Engineer

Subscribed and sworn to this date, the 29th day of January, 1964.


G. D. Mathis, Secretary and Notary Public
and for Dea County, New Mexico

My Commission Expires 8-8-64