DEVIATION SURVEYS

DEPTH	DEGREES OFF
349	¼
857	¼
1340	1 –
1830	1 ¾
2110	1 ¼
2810	1 –
3015	1 –
3060	1 –

The above are correct to the best of my knowledge.

Lisa Foreman

Sworn to this date, the 14th day of December, 1965

G. L. Moorhead
Notary Public

Expires 6-18-68.

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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

HOBBS OFFICE O. C. C.
DEC 15 10 53 AM '65

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

(DEVIATION SURVEYS ON BACK SIDE)

I.

Operator: PAN AMERICAN PETROLEUM CORP.

Address: Box 68 HOBBS, NEW MEXICO

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
[redacted] FARNSWORTH "B" Fed.	8	SCARBOROUGH YATES SEVEN RIVERS	State, Federal or Fee FEDERAL

Location
Unit Letter C ; 990 Feet From The NORTH Line and 1656.7 Feet From The WEST
Line of Section 7 , Township 26-S Range 37-E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: SHELL PIPE LINE CORP
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 [X] or Dry Gas [ ]: EL PASO NATURAL GAS CO
Address (Give address to which approved copy of this form is to be sent): Box 1384, JAL, N. M.

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	7	26-S	37-E	YES (EPNG Sta #) (635340)	12-13-65

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-27-65	10-7-65	3056'	3044'
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
SCARBOROUGH	YATES	3032'	3040
Perforations			**Depth Casing Shoe**
3032-36			3056'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8	349'	200
7 7/8"	5 1/2	3056'	150

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
12-6-65	12-13-65	PUMPING
Length of Test	**Tubing Pressure**	**Casing Pressure** / **Choke Size**
24	—	— / —
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.** / **Gas-MCF**
	11	987 / (GOR Cu ft 980 29.6)

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**