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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

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SEP 16 1969

CABLE TOOL DRILLED  
NO DEVIATION SURVEYS

Operator PAN AMERICAN PETROLEUM CORPORATION		B. C. B. ARTESIA, OFFICE	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name LARUE Federal	Well No. 1	Pool Name, including Formation SULIMAR-QUEEN	Kind of Lease State, Federal or Fee FED.	Lease No. nm-0518428
Location Unit Letter D ; 330 Feet From The NORTH Line and 660 Feet From The WEST				
Line of Section 25 Township 15-S Range 29-E , NMPM, CHAVES County				

III. 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)					
THE PERMIAN CORP (TRUCKS)	Box 3119 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 D	Sec. 25	Twp. 15	Rge. 29	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 8-13-69	Date Compl. Ready to Prod. 9-14-69	Total Depth 1996		P.B.T.D. 1980					
Elevations (H.F., R&B, RT, GR, etc.) 3919 DF	Name of Producing Formation QUEEN	Top Oil/Gas Pay 1958		Tubing Depth 1972					
Perforations 1958-70			Depth Casing Shoe 1996						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12" 7 7/8"	CASING & TUBING SIZE 8 5/8" 4 1/2"		DEPTH SET 385 1996		SACKS CEMENT 50 150				

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)

Date First New Oil Run To Tanks 9-14-69	Date of Test 9-15-69	Producing Method (Flow, pump, gas lift, etc.) SWAB	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 356	Oil - Bbls. 72	Water - Bbls. 284	Gas - MCF NA

GAS WELL

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

VI. 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.

43-157000-427  
1- NSCO  
1- CBP  
1- 305P  
1- JEL  
1- RER

(Signature)  
AREA SUPERINTENDENT  
(Title)  
9-15-69  
(Date)

OIL CONSERVATION COMMISSION

SEP 18 1969  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gressett  
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