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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mex

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(Form C-10)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

JUN 27 1960

New Well

O. C. C.

This form shall be submitted by the operator before an initial allowable will be assigned to a New Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE 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

June 22, 1960

(Place)

(Date)

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

Pan American Petroleum Corporation - State of New Mexico "BP", Well No. **1**, in **NW/** **SE/**

(Company or Operator)

17-S

(Lease)

28-E

NMPM,

Empire Abo

Pool

Unit Letter

Eddy

County **Chaves** Date Spudded **6-7-60**

Date Drilling Completed **6-18-60**

Elevation **3650 RMB** Total Depth **6165** PBTD **6130**

Top Oil/Gas Pay **5830'** Name of Prod. Form. **Abo**

PRODUCING INTERVAL -

Perforations **6092-6112, 6074-6084, 6036-6060 with 2 JSPT**

Open Hole _____ Depth **6165** Depth **5689**
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **84** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **5/64"**

GAS WELL TEST -

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

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): **5000 gallons 15% regular**

Casing _____ Tubing _____ Date first new _____ **6-21-60**
Press. _____ oil run to tanks _____

Oil Transporter **Service Pipe Line Company**

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	860	450 CIRC.
4 1/2"	6165	850
2 3/8"	5689	

Remarks: **Completed as a flowing oil well 6-21-60.**

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)

Original Signed by

By: **I. W. BROWN**

(Signature)

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

OIL AND GAS INSPECTION

Title _____

Title **Area Superintendent**

Send Communications regarding well to:

J. W. Brown

Name _____

Box 62, Hobbs, New Mexico

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