

NEW-MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MAY 13 1960
(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE ☐ ☒ **New Well**
ARTESIA, OFFICE

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 **May 9, 1960**
(Place) (Date)

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

Pan American Petroleum Corporation - State of New Mexico "BQ", Well No. **1**, in **NE**/**1/4** **SW**/**1/4**,
(Company or Operator) (Lease)

K, Sec. **34**, T. **17-S**, R. **28-E**, NMPM., (**Empire Abo**) Pool
Unit Letter

Eddy

Please indicate location:

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

1943.90' FS x 1947.25 FW Lines

County. Date Spudded **4-9-60** Date Drilling Completed **5-4-60**
Elevation **3675'** **NB** Total Depth **6491'** PBTD **6457'**

Top Oil/Gas Pay **5940'** Name of Prod. Form. **Abo**

PRODUCING INTERVAL -

Perforations **6280-6315 w/2 JSPT**

Open Hole _____ Depth **6491'** Depth **5903'**
Casing Shoe _____ Tubing _____

OIL WELL TEST -

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

Test After Acid or ~~Fracture~~ Treatment (after recovery of volume of oil equal to volume of load oil used): **132** bbls. oil, **16** bbls water in **12** hrs, _____ min. Size **10/64"**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	1280'	Circulated
4 1/2"	6491'	850
2"	5912'	

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): **1500 gallons 15% regular acid.**

Casing **Pkr.** Tubing **750** Date first new **5-6-60.**
Press. _____ oil run to tanks

Oil Transporter **Service Pipe Line Company**

Gas Transporter _____

Remarks: **Completed as a flowing oil well 5-7-60.**

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

Approved **MAY 16 1960**, 19____

Pan American Petroleum Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **W. G. Gressitt**

Title _____

By: **J. W. BROWN** (Signature)

Title **Area Superintendent**
Send Communications regarding well to:

Name **J. W. Brown**

Address **Box 68, Hobbs, New Mexico**

OIL COMBINATION CONTINUATION		
UNIT NO. 101		
No. of days	4	
Total number of days		
CRUISE	1	
SURVEY	1	
TRAINING	1	
STATION	0	
U.S.C.		
TRAINING		
THE	1	✓
EULYAN OF 101		

RECEIVED

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form G-110
MAY 16 1960
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Pan American Petroleum Corporation Lease State of New Mexico "BQ"

Well No. 1 Unit Letter K S 34 T 173 R 203 Pool Empire Abo Underlying

County Elddy Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit K S 34 T 173 R 203

Authorized Transporter of Oil or Condensate Service Pipe Line Company

Address Box 337, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Vented and being flared.

Address _____ Date Connected _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well (x)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: _____ (Give explanation below)

Completed 5-7-60 as a flowing oil well. (New tank battery.)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 9 day of May 1960

Original Signed By
I. W. BROWN

By _____

Approved MAY 16 1960 1960

Title Area Superintendent

OIL CONSERVATION COMMISSION

Company Pan American Petroleum Corporation

By W. A. Gressitt
OIL AND GAS INSPECTOR

Address Box 68

Title _____

Hobbs, New Mexico

OIL CONSERVATION COMMISSION		
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