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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico **REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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

OCT 31 1960

New Well
Recompletion

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 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 recompleto. 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

October 28, 1960

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:
Pan American Petroleum Corp.

C. R. Martin

Well No. **3**, in **NW** $\frac{1}{4}$, **NW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

Atoka-Pennsylvanian - Gas Pool

Unit Letter

Bddy

County, Date Spudded **3-26-60**

Date Drilling Completed **5-4-60**

Elevation **3343' RIM** Total Depth **9350** PBD **9119**

Please indicate location:

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

Top Oil/Gas Pay **9094** Name of Prod. Form. **Pennsylvanian**

PRODUCING INTERVAL -

Perforations **9094-9100' w/2 JSPT**

Open Hole _____ Depth _____ Casing Shoe **9350** Depth _____ Tubing **9019**

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
6-5/8"	1271	1030
4-1/2"	9350	550
2"	9019	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **3720** MCF/Day; Hours flowed **6**

Choke Size **2 1/4"** Method of Testing: **Flowed**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **500**

Casing Press. **0-PK** Tubing Press. **1-1980** Date first new oil run to tanks **Not Applicable**

Oil Transporter **Southern Union Gas Company**

Gas Transporter _____

Remarks: **Completed 5-17-60 as shut in gas well.**

*** Marketing arrangements for condensate will be furnished at a later date.**

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

Approved: **OCT 31 1960**, 19_____

Pan American Petroleum Corporation

(Company or Operator)

Original Signed by

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

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title: **Area Superintendent**

Send Communications regarding well to:

Title: **OIL AND GAS INSPECTOR**

Name: **J. W. Brown**

Box 68, Hobbs, New Mexico