

NAME	DEPT.	RECEIVED
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
INTEGRATION OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-101)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

OCT 21 1960

New Well

~~Revised~~

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 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 Area

October 14, 1960

(Place)

(Date)

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

Pan American Petro. Corp. USA Maseo Refineries Co. Well No. 12, in SW 1/4, SW 1/4,
(Company or Operator) (Lease)

M, Sec. 10, T. 18S, R. 27E, NMPM, Empire Abo Pool

Unit Letter

County. Date Spudded 9-1-60 Date Drilling Completed 9-22-60
Elevation 3473' RDB Total Depth 5958' PBTD 5749'

Please indicate location:

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

330' FWL x 986.04 FSL

Top Oil/Gas Pay 5785' Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 5749'-5769' w/2SPT

Open Hole Depth 5958' Casing Shoe 5718' Tubing 5718'

OIL WELL TEST -

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

Test After Acid Treatment (after recovery of volume of oil equal to volume of load oil used): 70 bbls. oil, 346 bbls water in 24 hrs, min. Size 16/64" & pump

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	1507	800ex cire.
5-1/2"	5958	850
2"	5718	

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): 2000 gallons 15% regular

Casing Tubing Date first new

Press. 0-Pkr. Press. 175 oil run to tanks 10-10-60

Oil Transporter Service Pipe Line Company

Gas Transporter Empire Abo Gasoline Plant

Remarks: Completed on 10-13-60 as a pumping oil well.

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

Approved: OCT 21 1960, 19.

Pan American Petroleum Corporation
(Company or Operator)

Original Signed by
By: J. W. BROWN (Signature)

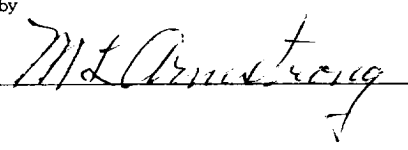
OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title: District Office

Title: Area Superintendent
Send Communications regarding well to:

Name: J. W. Brown

Address: Box 68, Hobbs, New Mexico

NUMBER OF COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			RECEIVED OCT 21 1960 ARTESIA OFFICE FORM C-110 (Rev. 7-60)	
COMPANY OR OPERATOR Pan American Petroleum Corporation		LEASE USA Nalco Refineries Co		WELL NO. 12		
UNIT LETTER N	SECTION 10	TOWNSHIP 103	RANGE 27E	COUNTY Salt		
POOL Empire Abo				KIND OF LEASE (State, Fed, Fee) Federal		
IF WELL PRODUCES OIL OR CONDENSATE give location of tanks		UNIT LETTER N	SECTION 9	TOWNSHIP 103	RANGE 27E	
AUTHORIZED TRANSPORTER OF OIL <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Service Pipe Line Company			ADDRESS (give address to which approved copy of this form is to be sent) Box 337, Midland, Texas			
IS GAS ACTUALLY CONNECTED? Yes _____ No _____						
AUTHORIZED TRANSPORTER OF CASING HEAD GAS <input type="checkbox"/> or dry gas <input type="checkbox"/>		DATE CONNECTED	ADDRESS (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: Well not connected to gatherer. Produces abnormal quantity of water and minimum quantity of gas.						
REASON(S) FOR FILING (please check proper box)						
New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) _____ Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>						
REMARKS Oil will be run from Empire Abo Storage System III.						
THE UNDERSIGNED CERTIFIES THAT THE RULES AND REGULATIONS OF THE OIL CONSERVATION COMMISSION HAVE BEEN COMPLIED WITH. Executed this the 14th day of October , 19 60 .						
OIL CONSERVATION COMMISSION			By			
APPROVED BY 			Digital Signed By ARMSTRONG			
TITLE OIL AND GAS INSPECTOR			TITLE Area Superintendent			
DATE OCT 21 1960			COMPANY Pan American Petroleum Corporation			
ADDRESS Box 68, Hobbs, New Mexico			ADDRESS Box 68, Hobbs, New Mexico			