

NO. OF COPIES RECEIVED		8
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		4
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMM. ON
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
RECEIVED

OCT 31 1968

O. C. C.
ARTESIA, OFFICE

I. Operator
Robert G. Cox
Address
Suite #202, 6222 No. Central Expressway, Dallas, Texas 75206
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Re-entry and re-completion of a 6253' abandoned well.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "EA"	Well No. 1	Pool Name, Including Formation Empire Abo	Kind of Lease Federal State, Federal or Fee	Lease No. NM6852
Location Unit Letter 330 Feet From The North Line and 330 Feet From The West Line of Section 12 Township 18 South Range 27 East , NMPM, Eddy 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"/> Pan American Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1725, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Pan American Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1725, Midland, Texas	
If well produces oil or liquids, give location of tanks. NW1/4, 12 18S 27E	Unit D Sec. 12 Twp. 18S Rge. 27E	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded Sept. 23, 1968	Date Compl. Ready to Prod. Oct. 16, 1968	Total Depth 6253'	P.B.T.D. 6195'					
Elevations (DF, RKB, RT, GR, etc.) 3609 GR	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6162'	Tubing Depth 6160'					
Perforations 6162' - 6180' w/4 jets per foot			Depth Casing Shoe 6210'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 3/4 7 7/8	CASING & TUBING SIZE 8 5/8 5 1/2 2 3/8		DEPTH SET 1492' 6210' 6194'		SACKS CEMENT 850 SXS 250 SXS			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 Oct. 16, 1968	Date of Test Oct. 20, 1968	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure Pump	Casing Pressure 0 psi	Choke Size 32/64"
Actual Prod. During Test 33	Oil-Bbls. 33	Water-Bbls. 26	Gas-MCF Negligible

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Robert G. Cox
(Signature)

Operator

October 28, 1968

(Title)

(Date)

OIL CONSERVATION COMMISSION

OCT 31 1968

APPROVED _____, 19

BY W. A. Gressett
TITLE OIL AND GAS INSPECTOR

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 completed wells.