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TRANSPORTER	OIL		
	GAS		
PRODUCTION OFFICE	1		
OPERATOR	1		

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)

Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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MAR 13 1961

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 QUADRUPPLICATE to the same District Office to which Form C-104 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

March 10, 1961

(Place)

(Date)

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

Pan American Petroleum Corporation

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

(Company or Operator)

(Lease)

H Sec. **27**, T. **19-S**, R. **31-E**, NMPM., **Unassigned** Pool

Unit Letter

Eddy

County. Date **1-20-61**

Date Drilling Completed **2-28-61**

Please indicate location:

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

1984.5 FNL x 660' FNL

Elevation **NE-3662'** Total Depth **12858'** PBD **10090'**

Top Oil/Gas Pay _____ Name of Prod. Form. **Welfcamp**

PRODUCING INTERVAL -

Perforations **9885'-9895' W/2JST**

Open Hole _____ Depth **12922'** Depth **9675'**
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): **167** bbls. oil, **17** bbls/acid water in **20** hrs, _____ min. Size **14/64"**

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): **500 gallons 15% acid**

Casing Press. **PKR** Tubing Press. **325** Date first new oil run to tanks **March 1, 1961**

Oil Transporter **Texas New Mexico Pipe Line Company**

Gas Transporter **Phillips Petroleum Company**

Remarks: **Devonian gas some abandoned.**

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
V. E. STALEY

By: _____ (Signature)

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

Name: **V. E. Staley**

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

OIL CONSERVATION COMMISSION

By: **ML Armstrong**

Title: **OIL AND GAS INSPECTOR**

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

FORM C-110

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 13 1961

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

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	GAS
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OPERATOR	

Company or Operator Pan American Petroleum Corporation				Lease Greenwood Unit	
Unit Letter H	Section 27	Township 10-S	Range 31-E	County Eddy	

Pool Undesignated	Kind of Lease (State, Fed Fee) Federal
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If well produces oil or condensate give location of tanks	Unit Letter G	Section 34	Township 10-S	Range 31-E
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas
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Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Phillips Petroleum Company	Date Connected	Address (give address to which approved copy of this form is to be sent) Box 758, Hobbs, New Mexico
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If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☐
Change in Transporter (check one)
Oil ☐ Dry Gas ☐
Casing head gas . ☐ Condensate.. ☐

Change in Ownership ☐
Other (explain below)

**Devonian Gas zone abandoned and will
recomplete in Wolfcamp.**

Remarks

Petash Compa ry of American authorization to be cancelled.

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

Executed this the **10th** day of **March**, 19 **61**.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Original Signed by
V. E. STALEY

Title

Area Superintendent

Company

Pan American Petroleum Corporation

Address

Box 68, Hobbs, New Mexico

MAR 14 1961

OIL AND GAS INSPECTOR