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NEW MEXICO OIL CONSERVATION COMMISSION  
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

(Deviation Survey on Back Side)

RECEIVED

JUL 6 1965

O. C. C.  
ARTEBIA, OFFICE

Operator Pan American Petroleum Corp.

Address Box 68, Hobbs, N. M. 88240

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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                      |             |                                |                |
|----------------------|-------------|--------------------------------|----------------|
| Well Name            | Well No.    | Pool Name, Including Formation | Kind of Lease  |
| <u>Big Eddy Unit</u> | <u>4</u>    | <u>Lusk Strawn</u>             | <u>Federal</u> |
| Location             | Unit Letter | Feet From The                  | Line and       |
|                      | <u>#0</u>   | <u>660</u>                     | <u>South</u>   |
|                      |             |                                | <u>1980</u>    |
|                      |             |                                | <u>East</u>    |
| Line of Section      | Township    | Range                          | County         |
| <u>27</u>            | <u>19-S</u> | <u>31-E</u>                    | <u>Eddy</u>    |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                             |                                     |                                                                          |
|-------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil                       | or Condensate                       | Address (Give address to which approved copy of this form is to be sent) |
| <u>Permian Corp. - Trucks</u>                               | <input checked="" type="checkbox"/> | <u>Box 3119, Midland, Texas</u>                                          |
| Name of Authorized Transporter of Casinghead Gas            | or Dry Gas                          | Address (Give address to which approved copy of this form is to be sent) |
|                                                             | <input type="checkbox"/>            |                                                                          |
| If well produces oil or liquids,<br>give location of tanks. | Unit                                | Sec.                                                                     |
|                                                             | <u>N</u>                            | <u>27</u>                                                                |
|                                                             | <u>19</u>                           | <u>31</u>                                                                |
|                                                             |                                     | <u>NO</u>                                                                |

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                   | Gas Well                 | New Well          | Workover                 | Deepen                   | Plug back                | Same Hst's. Diff. Hst's. |
| <u>X</u>                             | <input type="checkbox"/>   | <input type="checkbox"/> | <u>X</u>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Spudded                         | Date Compl. Ready to Prod. | Total Depth              | P.E.D.            |                          |                          |                          |                          |
| <u>5-27-65</u>                       | <u>7-2-65</u>              | <u>11,470'</u>           | <u>11,408'</u>    |                          |                          |                          |                          |
| Name of Producing Formation          | Top Oil/Gas Pay            | Tubing Depth             | Depth Casing Shoe |                          |                          |                          |                          |
| <u>Lusk Strawn</u>                   | <u>Strawn</u>              | <u>11,389'</u>           | <u>11,405'</u>    |                          |                          |                          |                          |
| Perforations                         |                            |                          | <u>11,470'</u>    |                          |                          |                          |                          |
| <u>11,389 to 11,400</u>              |                            |                          |                   |                          |                          |                          |                          |
| TUBING, CASING, AND CEMENTING RECORD |                            |                          |                   |                          |                          |                          |                          |
| HOLE SIZE                            | CASING & TUBING SIZE       | DEPTH SET                | SACKS CEMENT      |                          |                          |                          |                          |
| <u>17 1/2"</u>                       | <u>13 1/2"</u>             | <u>683'</u>              | <u>475</u>        |                          |                          |                          |                          |
| <u>11"</u>                           | <u>8 3/8"</u>              | <u>3,980'</u>            | <u>1850</u>       |                          |                          |                          |                          |
| <u>7 7/8"</u>                        | <u>4 1/2"</u>              | <u>11,470'</u>           | <u>450</u>        |                          |                          |                          |                          |
|                                      | <u>2"</u>                  | <u>11,405'</u>           |                   |                          |                          |                          |                          |

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 Flow Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| <u>7-2-65</u>                    | <u>7-2-65</u>   | <u>Flow</u>                                   |
| Length of Test                   | Tubing Pressure | Casing Pressure                               |
| <u>24 Hrs.</u>                   | <u>1,000 #</u>  | <u>—</u>                                      |
| Actual Prod. During Test         | Oil-Bbls.       | Water-Bbls.                                   |
|                                  | <u>382</u>      | <u>0</u>                                      |
|                                  |                 | Choke Size                                    |
|                                  |                 | <u>16-18/64</u>                               |
|                                  |                 | Gas-MCF                                       |
|                                  |                 | <u>898 (2350)</u>                             |

GAS WELL

|                                  |                 |                      |                       |
|----------------------------------|-----------------|----------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test  | Bbls. Condensate/MCF | Gravity of Condensate |
|                                  |                 |                      |                       |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure      | 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.

ORIGINAL SIGNED BY

(Signature) V. E. STALEY

Area Superintendent

(Date) 7-6-65

OIL CONSERVATION COMMISSION

APPROVED

JUL 6 1965

BY

M. L. Armstrong

TITLE

OIL AND GAS INSPECTOR

This form is to be filled in duplicate and filed with the well log.

If this is a request for allowable for a newly drilled or leased well, this form must be accompanied by a tabulation of production tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely, filed in duplicate on new and recompleted wells.

Fill out Sections I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII, XIII, XIV, XV, XVI, XVII, XVIII, XIX, XX, XXI, XXII, XXIII, XXIV, XXV, XXVI, XXVII, XXVIII, XXIX, XXX, XXXI, XXXII, XXXIII, XXXIV, XXXV, XXXVI, XXXVII, XXXVIII, XXXIX, XL, XLI, XLII, XLIII, XLIV, XLV, XLVI, XLVII, XLVIII, XLIX, L, LI, LII, LIII, LIV, LV, LVI, LVII, LVIII, LIX, LX, LXI, LXII, LXIII, LXIV, LXV, LXVI, LXVII, LXVIII, LXIX, LXX, LXXI, LXXII, LXXIII, LXXIV, LXXV, LXXVI, LXXVII, LXXVIII, LXXIX, LXXX, LXXXI, LXXXII, LXXXIII, LXXXIV, LXXXV, LXXXVI, LXXXVII, LXXXVIII, LXXXIX, XLX, XLI, XLII, XLIII, XLIV, XLV, XLVI, XLVII, XLVIII, XLIX, L, LI, LII, LIII, LIV, LV, LVI, LVII, LVIII, LIX, LX, LXI, LXII, LXIII, LXIV, LXV, LXVI, LXVII, LXVIII, LXIX, LXX, LXXI, LXXII, LXXIII, LXXIV, LXXV, LXXVI, LXXVII, LXXVIII, LXXIX, LXXX, LXXXI, LXXXII, LXXXIII, LXXXIV, LXXXV, LXXXVI, LXXXVII, LXXXVIII, LXXXIX, XLX, XLI, XLII, XLIII, XLIV, XLV, XLVI, XLVII, XLVIII, XLIX, L, LI, LII, LIII, LIV, LV, LVI, LVII, LVIII, LIX, LX, LXI, 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LXXXVII, LXXXVIII, LXXXIX, XLX, XLI, XLII, XLIII, XLIV, XLV, XLVI, XLVII, XLVIII, XLIX, L, LI, LII, LIII, LIV, LV, LVI, LVII, LVIII, LIX, LX, LXI, LXII, LXIII, LXIV, LXV, LXVI, LXVII, LXVIII,

# DEVIATION SURVEYS

| DEPTH  | DEGREES OFF |
|--------|-------------|
| 300    | 1/4         |
| 476    | 1           |
| 800    | 1 1/4       |
| 1960   | 1 1/2       |
| 2118   | 1 3/4       |
| 2750   | 1           |
| 3100   | 2           |
| 3590   | 1 1/4       |
| 3970   | 2           |
| 4530   | 3/4         |
| 5000   | 1           |
| 5220   | 3/4         |
| 5670   | 1/2         |
| 6155   | 1/2         |
| 6221   | 1/2         |
| 6700   | 1           |
| 7690   | 1           |
| 8186   | 3/4         |
| 8520   | 1           |
| 8992   | 3/4         |
| 9240   | 1           |
| 9700   | 3/4         |
| 9950   | 1           |
| 10,425 | 2           |
| 10,721 | 2 1/4       |
| 11,215 | 2 1/4       |

The above are true and correct to the best of my knowledge and belief.

ORIGINAL SIGNED BY  
V. E. STALEY

V.E. Staley, Area Supt.

Sworn and subscribed to this date, the  
6th day of July, 1965

*[Signature]*  
Notary Public, for and for  
San County, New Mexico

My Commission Expires 5-23-65

