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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator PAN AMERICAN PETROLEUM CORPORATION		
Address Box 62, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		
New Well	<input type="checkbox"/>	Additional Changes in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	
Other (Please explain)		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pan American Oil Company Federal Gas Co.	Well No. 1	Pool Name, Including Formation Dos Hermanos - Morrow	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter F, 1980' Feet From The North Line and 1980' Feet From The West Line of Section 28 Township 20-S Range 30-E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> THE PREMIAN CORP (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) Box 3115, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 1-Southern Union Gas Co. 2-Botach Company of America 3-Barber Oil Company	Address (Give address to which approved copy of this form is to be sent) Carlsbad, New Mexico 6-7-65 Carlsbad, New Mexico 9-28-66			
Unit F	Sec. 28	Twp. 20	Rge. 30	Is gas actually produced? <input checked="" type="checkbox"/> When Yes #3-11/10/67

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

O+o MCCC-Art (Signature)
1-MSM AREA SUPERINTENDENT
1-OMP (Title)
1-Sup (Date) 11-7-67

OIL CONSERVATION COMMISSION

APPROVED 11/7/67, 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 oil well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-