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| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

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-111
Effective 1-1-65

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AUG 5 1966

I. OPERATOR

PAN AMERICAN PETROLEUM CORPORATION

Box 68, Hobbs, N.M.

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Condensate ☒

Recompletion ☐ Casinghead Gas ☐

Change in Ownership ☐

Other (Please explain) EFFECTIVE 8-1-66
Lease Name changed from J.H. Smith Fed
REPORT DATED 7-28-66 REPORTED
Transporter to be PAN AMERICAN IN ERROR

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name SMITH FEDERAL Well No. 1 Pool Name, Including Formation INDIAN BASIN UPPER PENN Kind of Lease State, Federal or Fee FED Lease No. NM 0251099

Location

Unit Letter F 1650 Feet From The North Line and 1650 Feet From The West

Line of Section 11 Township 22-S Range 23-E , NMFM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ THE PERMIAN 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 ☐ or Dry Gas ☒ SOUTHERN UNION GAS CO. Address (Give address to which approved copy of this form is to be sent) CARLSBAD, N.M.

If well produces oil or liquids, give location of tanks. Unit F Sec. 11 Twp. 22 Rge. 23 Is gas actually connected? YES When 9-29-66

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, RKB, 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.

OIL CONSERVATION COMMISSION

APPROVED AUG 5 1966, 19
BY [Signature]
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.

C-4. NMCC-A

1- NSW

1- OSP

1- SUSP

(Signature)

(Title)

(Date)

AREA SUPT

8-2-66