

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-1  
Effective 1-1-65

RECEIVED

MAY 24 1967

I.

Operator	
PAN AMERICAN PETROLEUM CORPORATION	
Address	
BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	
New Well	<input type="checkbox"/>
Recompletion	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>
Change in Transporter of:	
Oil	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>
Dry Gas	<input type="checkbox"/>
Condensate	<input type="checkbox"/>
Other (Please explain) REQUEST AUTHORITY TO FLOW WELL FOR TEST PURPOSES PENDING RESULTS OF HEARING HELD MAY 24, 1967	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
POKERLAKE UNIT FEDERAL	36	WILDCAT - PENN (MORROW)	State, Federal or Fee FED	NM-0522
Location	Unit Letter	Feet From The	Line and	Feet From The
	P	660	SOUTH	660
Line of Section	28	Township	24-S	Range
				31-E
				NMPM, EDDY
				County

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)
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
TEXACO, INC		Box 728, Hobbs, N. M. 88240
If well produces oil or liquids, give location of tanks.	Unit	Sec.
		Twp.
		Rge.
		Is gas actually connected?
		When
		YES
		5-29-67

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'tv.	Diff. Res'tv.
		X				X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	5-29-67	16,660	15767					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3502' RDB	MORROW	14,430	14400					
Perforations			Depth Casing Shoe					
14950-53, 14969-71, 14988-15010 w/2SPF			16526					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26	20"	875	1300					
17 1/2	13 3/8"	4513	4050					
12 1/4	9 3/8"	12551	2300					
8 3/4	7"	16526	1250					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

NONE AVAILABLE

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.

043. NMOC-ART

- 1- SUSP
- 1- NSU
- 1- RRY
- 1- OAP
- 1- SMELAND
- 1- NMOC-37
- 1- PERRY BASS
- 1- SUPERIOR
- 2- PAULCY

J. E. Frath  
(Signature)  
Area Engineer  
(Title)  
5-29-67  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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