	NO. OF COPIES REC	4						
	DISTRIBUTI	17						
	SANTA FE	17	\Box					
	FILE	1/-						
	U.S.G.S.	/	\vdash	┪				
	LAND OFFICE	 	 	A				
	TRANSPORTER	OIL	1					
		GAS	17					
	OPERATOR	17						
1.	PRORATION OF	 	\vdash					
	PAN AMERICAN PETROLEUM CORPORA Address BOX 68, HOBBS, N. M. 88240							
	Reason(s) for filing (Check proper box)							
	New Well		, ope.	004)	Chan			
	Recompletion		011					
	Change in Ownership		Casi					
	Change in Ownership							

NEW MEXICO OIL CONSERVATION COMMISSION

•	FILE	/_	EST FOR AL	Supe	Form C=104 Supersedes Old C=104 and (
	U.S.G.S.		AND TRANSPORT OIL AND NATURAL GAS				Effective 1-1-65			
	LAND OFF		+		71171101 010	I OIL AND	NATURAL	. GASE L. E	IVE	D
	TRANSPOR	GAS /	+							
	OPERATOR /							ing of ide.		
I.	Operator							2714 A	to entry	
	PAN AMI	ERICAN PETROLEL	IM CORPORATIO	מר יי			· · · · · · · · · · · · · · · · · · ·	478	*	
	I Address	HQBBS, N. M.		<u> </u>						
	1		-							
	New Well	filing (Check proper				Other (Pleas	explain)		·	
	Recompletion	×	Change Oil	In Transporter of:						
	Change In Owi	nership			ry Gas ondensate					_
	If change of o	wnership give nam								<u> </u>
	and address o	f previous owner _	···							
II.	DESCRIPTION	ON OF WELL AN	ND I EACE		,				· · · · · · · · · · · · · · · · · · ·	
	Lease Name	AN OF WELL A	Well No.	Pool Name, Includi	ng Formation		Kind of Lea			
	POKER LAK	E UNIT FEDE	RAL 36	WILDCAT - P	ENN (MOS	Poul		al or Fee FED	N	M -
		D. C				•	-		<u> </u>	522
	Unit Letter_	<u> </u>	SOO_Feet Fre	om The SOUTH	Line and	60	Feet From	The EAST	-	
L	Line of Sect	10n 28	Township 24-	-S Range	31-E	N. Co.				
***	D = 01 01					, NMPM,	ED	DY		County
141.	Name of Author	N OF TRANSPO	ORTER OF OIL	AND NATURAL	GAS					
1	一			ondensate	Address (C	ive address to	which appro	ved copy of this f	orm is to be s	rent)
ſ	Name of Author	zed Transporter of	Casinghead Gas	or Dry Gas	Address (G	ive address to	which appea	ved copy of this f		
L	TEXA	O INC			Box	778 1	,			-
	If well produces give location of	oil or liquids,	Unit Sec	Twp. Ege.	ls gas actu	ally connected	12 Wh.	. W. M.	882	10
L.,			<u> </u>			ES	·	5-29)-67	
IV.	COMPLETION	on is commingled : V DATA	with that from an	y other lease or po	ol, give commi	ngling order	number:			
		Type of Comple	tion (Y)	oil Well Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Beety D	
<u> </u>	Date Spudded (i	X		1] [X	me rtes v. D	III. Mesty.
	5-2	2 - G 7	Date Compl. R		Total Depth			P.B.T.D.		
E	Clevations (DF,	2-67 RKB, RT, GR, etc.,	Name of Produ	-29-67	Top Oll/Ga	600		1576	<u> 57</u>	
L	3502	R.D.B.		PROW	1	430		Tubing Depth	\sim	
- 1	Perforations	00 0-1 01						14300 Depth Casing Shoe		
	2010-149	80, 971-96	9, 953 - 95	953-950, 650 - 590		w/2JSPF			16526	
	но	LE SIZE	CASING	BING, CASING, A A TUBING SIZE	ND CEMENTING RECORD					
	26 '			20 "		875			CEMENT	
-		/2 "		13 3/8"		4513			500 50	
-		3/4"		9 3/8"		12551		23	800	
V. T		ND REQUEST I	FOR ALLOWAR	7 "	<u></u>	16526		12	50	
_0	IL WELL		- CR ALLOWAE		after recovery o depth or be for f	f total volume uli 24 hours)	of load oil a	nd must be equal t	o or exceed i	op allow-
P	ate First New C	il Run To Tanks	Date of Test			ethod (Flow, p	ump, gas lift	etc.)		
L	ength of Test		Tubing Pressure							
			. asking Pressure		Casing Pres	∌W.		Choke Size		-
A	ctual Prod. Duri	ng Test	Oil-Bbls.		Water - Bble.			Ggs - MCF		
<u> </u>	·						j			
G.	AS WELL						<u>-</u>	-		
	ctual Prod. Tes	-MCF/D	Length of Test		Bbls. Conden	2010 A D (CE				
	CAOF 2	400	10) HRS	Color Colore	IBG(B) MMCF		Gravity of Conder	sate	
- 1	esting Method (p	itot, back pr.)	Tubing Pressure		Casing Press	ure (Shut-in	,	Choke Size		
	APT BP		6358-	1275	(PRE@ 1.	4300)		18/6	Δ	
I. CE	RIFICATE	OF COMPLIAN	CE			OIL CO	SERVAT	ION COMMO		
I h	ereby certify +	hat the rules and :	tegulations of the	e Oil Conservation	APPROVED 115 23 1967					
C 0 1	murasion Dave	Deen complied v	uith and that the	• info						
	MMOCC-ART				BY	11.66	Gre	SOUN	 Q	
i-S	US P	P			TITLE SIZE AND SING MANGEBINE					
	Wer				This f	orm is to be	filed in co-	iplience with a	1961	1.Ex
1-6	ZRY ZATE LAND	(Signa			If this	is a request	for allowab	Com nevelor	At the 1 104%	pened
·N	MOCL-S7		SUPERINTENDEN	n r	well, this f	orm must be on the well	accompanie in accordan	d by a technation with Aure	n of the de	viation
P	ERRY BASS	(Tit			All sec	ctions of this	form must	on filled out or	ngletely for	allow-
'	VERIOR VULEY	6-	16-6	7	II more on me.	~ enu recomi	Mater Mells	II, and Vallor of	<i>3</i> ,	
	1	(Dai	ie)	·	well name (or number, or	transporter,	or other such ch	ange of con-	dition.
				Separate Forms C-104 must be filed for each pool in multiply						