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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

Superseded by Old C-104 and C-110  
Effective 1-1-65

I. **Pan American Petroleum Corporation**  
Address: **Security Life Building, Denver, Colorado 80202**  
Reason(s) for filing (check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
<b>Brannon Federal</b>		<b>2</b>	<b>Basin Dakota</b>	State, Federal or Fee <b>Federal</b>
Location: Unit Letter <b>D</b> ; <b>790</b> Feet From The <b>North</b> Line and <b>790</b> Feet From The <b>West</b> Line of Section <b>29</b> Township <b>25N</b> Range <b>9W</b> , <b>12</b> N. <b>San Juan</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Plateau Inc.</b>	<b>Box 108, Farmington, New Mexico</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Company</b>	<b>Box 990, Farmington, New Mexico</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually transported?	When
	<b>D</b>	<b>29</b>	<b>25N</b>	<b>9W</b>	<b>No</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

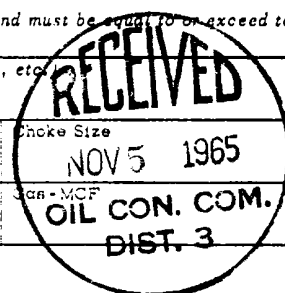
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<b>8-30-65</b>	<b>9-21-65</b>		<b>6495</b>		<b>6460</b>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top of Gas Pay		Tubing Depth			
<b>6707 (RDB)</b>	<b>Dakota</b>		<b>6369</b>		<b>6391</b>			
Perforations					Depth Casing Shoe			
<b>6372-90, 6400-10 with 2 shots per foot.</b>					<b>6495</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>369'</b>		<b>325</b>			
<b>7 7/8"</b>	<b>4 1/2"</b>		<b>6495</b>		<b>700</b>			
	<b>2 3/8"</b>		<b>6391</b>					

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
<b>2903</b>	<b>3 hours</b>		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<b>Back Pressure</b>	<b>234</b>	<b>642</b>	<b>3/4"</b>

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.

**R. H. Beers**  
(Signature)  
**Administrative Assistant**  
(Title)  
**October 29, 1965**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 8 1965**  
BY **Original Signed Emery C. Arnold**  
Supervisor Dist. # **3**  
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 for the well in accordance with RULE 1101.

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.

TABULATION OF DEVIATION TESTS  
BRANNON FEDERAL WELL NO. 2  
PAN AMERICAN PETROLEUM CORPORATION

<u>DEPTH</u>	<u>DEVIATION</u>
365	1/2°
766	1/4°
1161	1 1/4°
1557	3/4°
1920	2°
2296	1 1/4°
2704	3/4°
2978	2°
3380	2 1/2°
3795	1 1/4°
4100	1°
4556	1/2°
4828	1/4°
5436	1/4°
5710	1 1/2°
6200	2°
6378	2°

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on PAN AMERICAN PETROLEUM CORPORATION'S Brannon Federal Well No. 2 located 790' FNL and 790' FWL Section 29, T25N, R9W, San Juan County, New Mexico

Signed R. H. Beers R. H. Beers  
Title Administrative Assistant

THE STATE OF COLORADO)  
                                  ) SS.  
COUNTY OF DENVER         )

BEFORE ME, the undersigned authority, on this day personally appeared R. H. Beers known to me to be Administrative Assistant for Pan American Petroleum Corporation and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 29th day of October, 1965

Catherine H. Eckerman  
Notary Public

My Commission Expires 3-12-67.

