NUMBER OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRORATION OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR [redacted] - (GAS) ALLOWABLE

New Well
[redacted]

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico (Place) August 11, 1964 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

PAN AMERICAN PETROLEUM CORP. (Company or Operator) L. C. Kelly (Lease), Well No. 3, in SE ¼ NW ¼,

F (Unit Letter), Sec. 4, T. -30-N, R. -12-W, NMPM., Basin Dakota Pool

San Juan County. Date Spudded 6-16-64 Date Drilling Completed 6-29-64

Elevation 5888 (RDB) Total Depth 6791 PBTD 6754

Please indicate location:

D	C	B	A
E	F X	G	H
L	K	J	I
M	N	O	P

Top [redacted]/Gas Pay 6622 Name of Prod. Form. Dakota

PRODUCING INTERVAL - 6685-95 with 2 shots per foot.
6739-42 with 3 shots per foot.
Perforations 6628-39 with 4 shots per foot.

Open Hole None Depth Casing Shoe 6791 Depth Tubing 6653

OIL WELL TEST -

Natural Prod. Test: _____ bbls.oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls.oil, _____ bbls water in _____ min. Size _____ Choke

RECEIVED
AUG 13 1964
OIL CON. COM.
DIST. 3

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 1800 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Pitot Tube

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 37,140 gal. water and 30,000 pounds sand.

Casing Press. 500 Tubing Press. 150 Date first new oil run to tanks Shut-In

Oil Transporter Plateau, Inc.

Gas Transporter El Paso Natural Gas Company

1850 FNL and 1500 FWL (FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	347	200
4-1/2"	6791	1100
2-3/8"	6676	

Remarks: Well completed 7-16-64 as Basin Dakota Field Development Well. Copies of Deviation Survey are attached.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved AUG 13 1964, 19____

OIL CONSERVATION COMMISSION

By: _____

Title Supervisor Dist. # 3

PAN AMERICAN PETROLEUM CORPORATION (Company or Operator)

Original Signed by
G. L. HAMILTON
By: _____ (Signature)

Title District Services Supervisor

Send Communications regarding well to:

Name L. O. Speer, Jr.

Address P. O. Box 480, Farmington, New Mexico

TABULATION OF DEVIATION TESTS

PAN AMERICAN PETROLEUM CORPORATION

L. C. KELLY NO. 3

DEPTH	DEVIATION
378'	1/4°
632'	1/4°
2017'	3/4°
3149'	1-1/4°
3352'	3/4°
3807'	3/4°
3645'	1-1/2°
4371'	3/4°
4715'	1°
5160'	1°
5490'	1°
5796'	1°
6665'	1/2°

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 **L. C. Kelly No. 3, Basin Dakota Field, located in the SE/4, NW/4 of Section 4, T-30-N, R-12-W, San Juan County, New Mexico.**

Signed F. H. Hollingsworth
Petroleum Engineer

THE STATE OF NEW MEXICO)
) SS.
COUNTY OF SAN JUAN)

BEFORE ME, the undersigned authority, on this day personally appeared **F. H. Hollingsworth** known to me to be Petroleum Engineer 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 **11th** day of **August**, 1964.

S. K. Scott
Notary Public

My Commission Expires February 27, 1965.