

REQUEST FOR ~~WELL~~ - (GAS) ALLOWABLE

New Well  
~~RECOMPLETION~~

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 QUADRUPPLICATE 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.

**Hobbs, New Mexico** **November 28, 1961**

(Place) (Date)

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

**Pan American Petroleum Corporation** **USA Mary Nellie** Well No. **1**, in **SW**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**0** Sec. **5**, T. **19 S**, R. **33 E**, NMPM, **Undesignated** Pool

Unit Letter  
**Lea**

County **Lea** Date Spudded **8-23-61** Date Drilling Completed **11-1-61**  
Elevation **3716' RIB** Total Depth **13,723'** PBDT **13,604'**

Please indicate location:

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

**660 FSL X 1980 FEL**

Top Oil/Gas Pay **13,234'** Name of Prod. Form. **Penn**

PRODUCING INTERVAL -

Perforations **13,234'-13,259' W/4 JSPP**  
Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe **13,723'** Depth Tubing **13,430'**

OIL WELL TEST -

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

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sex
13 3/8"	320	Circ.
9 5/8"	4892	3950
5 1/2"	13723	1100
2"	13430	

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

Test After Acid or Fracture Treatment: **1680** MCF/Day; Hours flowed **24**

Choke Size **various** Method of Testing: **Back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **2500 gal NCA 7 1/2%**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. - Press. **260** oil run to tanks

Oil Transporter **Indiana Oil Purchasing Co. (Trucks)**

Gas Transporter **Southern Union Gas Company**

Remarks: \_\_\_\_\_

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

Approved \_\_\_\_\_, 19\_\_\_\_\_

**Pan American Petroleum Corporation**

(Company or Operator)  
Original Signed by:  
**V. E. STALEY**

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_  
(Signature)

By: \_\_\_\_\_

Title **Area Superintendent**

Send Communications regarding well to:

Title \_\_\_\_\_

Name **V. E. Staley**

Address **Box 68, Hobbs, New Mexico**