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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

(Date)

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 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.

[illegible], [illegible] February 23, 1962
(Place) (Date)

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

Pan American Petroleum Corporation [illegible], Well No. [illegible], in [illegible] ¼ [illegible] ¼,
(Company or Operator) (Lease)

[illegible], Sec. [illegible], T. [illegible], R. [illegible], NMPM, [illegible] Pool
Unit Letter

[illegible] County. Date Spudded [illegible] Date Drilling Completed [illegible]

Please indicate location:

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

[illegible] (FOOTAGE)

Elevation [illegible] Total Depth [illegible] PBTD [illegible]

Top Oil/Gas Pay [illegible] Name of Prod. Form. [illegible]

PRODUCING INTERVAL -

Perforations [illegible]

Open Hole [illegible] Depth Casing Shoe [illegible] Depth Tubing [illegible]

OIL WELL TEST -

Natural Prod. Test: [illegible] bbls.oil, [illegible] bbls water in [illegible] hrs, [illegible] min. Choke Size [illegible]

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

GAS WELL TEST -

Natural Prod. Test: [illegible] MCF/Day; Hours flowed [illegible] Choke Size [illegible]

Method of Testing (pitot, back pressure, etc.): [illegible]

Test After Acid or Fracture Treatment: [illegible] MCF/Day; Hours flowed [illegible]

Choke Size [illegible] Method of Testing: [illegible]

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): [illegible]

Casing [illegible] Tubing [illegible] Date first new oil run to tanks [illegible]
Press. [illegible] Press. [illegible] Oil Transporter [illegible]

Gas Transporter [illegible]

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
7"	[illegible]	[illegible]
2"	[illegible]	

Remarks: [illegible]

ILLEGIBLE

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

Approved [illegible], 19[illegible]

[illegible] Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

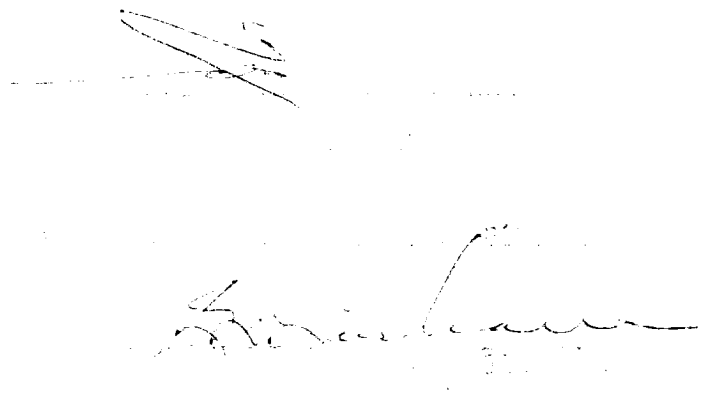
By: [illegible]
(Signature)

By: [illegible]

Title [illegible]

Title [illegible]

Send Communications regarding well to:

Name [illegible]

[illegible]