

NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR (OIL) - ~~16246~~ ALLOWABLE

NOV 23 1962

New Well
Recompletion

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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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.

Hobbs, New Mexico

November 20, 1962

(Place)

(Date)

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

Pan American Petroleum Corporation State **"NM"**, Well No. **1**, in **NW** $\frac{1}{4}$, **SW** $\frac{1}{4}$,
(Company or Operator) (Lease) **(North Square Lake**
L Sec **11**, T **16S**, R **31E**, NMPM, **Undesignated (Grayburg)** Pool

Easy

County. Date Spudded **9-21-62**

Date Drilling Completed **9-29-62**

Please indicate location:

Elevation **4423'** Total Depth **4050'** FBTD **4023'**

Top Oil/Gas Pay **3960'** Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL -

Perforations **3960-4007, Various intervals w/2 SPF**

Open Hole Depth **4050'** Casing Shoe **4008'** Depth **4008'** Tubing

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): **23** bbls. oil, **0** bbls. water in **24** hrs, _____ min. Size **Pump** Choke

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: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **500 gal acid; 8-0-0 30,000 gal oil & 60,000 sand**

Casing Press. **0** Tubing Press. **0** Date first new oil run to tanks **11-8-62**

Oil Transporter **The Permian Corp (Trucks)**

Gas Transporter **None**

Remarks: _____

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

Approved **NOV. 26 1962**, 19_____

Pan American Petroleum Corporation

(Company or Operator)

Original Signed by:

By: **V. E. STALEY**

(Signature)

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title **Area Superintendent**

Send Communications regarding well to:

Title **OIL AND GAS INSPECTOR**

Name **V. E. Staley**

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


EASTMAN

DEVIATION SURVEYS

<u>DEPTH</u>	<u>DEGREES OFF</u>
500	1/4
2020	3/4
2240	1-1/4
2738	1-1/2
3224	3/4
3491	1/2
3771	1/2

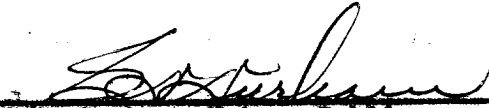
TD 4048'

To the best of my knowledge, the above is true and correct.



V. E. Staley
Area Superintendent

Sworn and subscribed to before me this date.



G. D. Durham, Notary Public
In and For, Lea County, New Mexico

11/21/62

My Commission Expires 8/8/64.

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	GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Pan American Petroleum Corporation				Lease State "GN"		Well No. 1	
Unit Letter L	Section 11	Township 16S	Range 31E	County Elddy			
Pool Undesignated(North Square Lake-Grayburg)				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks		Unit Letter L	Section 11	Township 16S	Range 31E		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corp. (Trucks)				Address (give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)				

If gas is not being sold, give reasons and also explain its present disposition:

Well on pump. No market. Vented and flared.

REASON(S) FOR FILING (please check proper box)

New Well ☒
 Change in Transporter (check one)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate.. ☐

Change in Ownership ☐
 Other (explain below)

RECEIVED

NOV 23 1962

O. C. C.
ARTESIA, OFFICE

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **20** day of **November**, 19 **62**.

OIL CONSERVATION COMMISSION

Approved by

M. L. Armstrong

Title

OIL AND GAS INSPECTOR

Date

NOV 26 1962

By

Original Signed by:

Title

Area Superintendent

Company

Pan American Petroleum Corporation

Address

Box 68 - Hobbs, New Mexico