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# NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

HOBBS Re-entry

O. C. C.

XXXXXXXX  
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

August 26, 1964

(Place)

(Date)

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

**Pan American Petroleum Corporation** Federal "A", Well No. **3**, in **NW** **SE** **1/4** **1/4**,  
(Company or Operator) (Lease)  
**J** Sec **13**, T **9-S**, R **35-E**, NMPM, **Bough San Andres-Gas** Pool

Unit Letter

Lea

County Date **8-15-64**

Date **8-15-64** Completed

**7-24-64**

Please indicate location:

Elevation **4120' RDB** Total Depth **9634'** PBTD **4835'**

Top Oil/Gas Pay **4754'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **4754-80'; 4816-20' W/2SPT**

Open Hole Depth **9590'** Casing Shoe **9590'** Depth **4725'** Tubing

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls.oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. 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. Size \_\_\_\_\_

GAS WELL TEST -

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

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

Test After Acid or Fracture Treatment: **1296** MCF/Day; Hours flowed \_\_\_\_\_

Choke Size **various** Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **3000 gallons acid**

Casing Press. **1275** Tubing Press. **625** Date first new oil run to tanks \_\_\_\_\_

Oil Transporter **None**

Gas Transporter **Sinclair Oil & Gas Co.**

Remarks: **(Formerly - Mobil's Capps Federal No. 1 PXA)**

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**

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

Title: **Area Superintendent**

Send Communications regarding well to:

Name: **V. E. Staley**

Address: **Box 68 - Hobbs, New Mexico - 88240**

OIL CONSERVATION COMMISSION

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

Title: \_\_\_\_\_