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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND 3 25 PM '67
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

(DEVIATIONS - BACK SIDE)

Operator PAN AMERICAN PETROLEUM CORPORATION Address BOX 68, HOBBS, N. M. 88240		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "DH"	Well No. 1	Pool Name, Including Formation BAGLEY, NORTH LOWER PENN	Kind of Lease STATE	Lease No. 06-202
Location Unit Letter I, 1980 Feet From The SOUTH Line and 660 Feet From The EAST				
Line of Section 21 Township 11-S Range 33-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
PAN AMERICAN PETROLEUM CORPORATION (TRUCKS)	Box 1725 MIDLAND TEXAS 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 21 11 33 No

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-29-66	Date Compl. Ready to Prod. 2-6-67	Total Depth 10130	P.B.T.D. 10093					
Elevations (DF, RKB, RT, GR, etc.) 4278' RDB	Name of Producing Formation PENN (LOWER)	Top Oil/Gas Pay 9912	Tubing Depth 9968					
Perforations 9912-24, 42-59			Depth Casing Shoe 10130					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	415	375					
11"	8 5/8"	3838	420					
7 7/8"	5 1/2"	10130	600					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-6-67	Date of Test 2-7-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 800	Casing Pressure PKR	Choke Size 20/64
Actual Prod. During Test 500	Oil-Bbls. 302	Water-Bbls. 198	Gas-MCF 462 (602 1531 egr 46.2)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

043-NMOCC-14
1-NSW
1-SUSD
1-Bill Farmer
1-RRY

(Signature)

AREA SUPERINTENDENT

(Title)

2-8-67

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

DEVIATIONS

<u>DEPTH</u>	<u>DEGREES</u>
415	- $\frac{3}{4}$
1444	- $\frac{1}{2}$
2050	- $2\frac{3}{4}$
2149	- 3 -
2370	- $2\frac{1}{4}$
3470	- $2\frac{3}{4}$
3540	- 2
3717	- 2
4250	- $1\frac{3}{4}$
4642	- "
4973	- $2\frac{1}{4}$
5871	- 2
6178	- $2\frac{1}{4}$
6470	- 2 -
6622	- 1 -
6806	- $1\frac{1}{4}$
7193	- $\frac{1}{2}$
7775	- $\frac{1}{4}$
8194	- "
8425	- "
8898	- "
9493	- $1\frac{1}{4}$
9800	- 1 -
10130	- NA

The above are true to the best of my knowledge.

2-8-67

Sworn to this date, the 8th day of February - 1967.



D.C. Moorhead
Notary Public Sea County N.C.
My Commission Expires 6-18-68

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NEW MEXICO OIL CONSERVATION COMMISSION

FEB 8 3 25 PM '67

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. OG-202
7. Unit Agreement Name
8. Form of Lease Name STATE "OH"
9. Well No. 1
10. Field and Pool or Wildcat UNDESIGNATED!
12. County LEA

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION
3. Address of Operator BOX 68, HOBBS, N. M. 88240
4. Location of Well UNIT LETTER I 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 21 TOWNSHIP 11-S RANGE 33-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4278' R.D. 13

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Completion operations <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On 2-2-67, 5 1/2" OD 19-17" J-55 + N80 Casing was set @ 10130' (TD) w/ 600 sy. Trinity Inferno. Tested casing w/ 2200 psi for 30 minutes. Test O.K. After N.O.C. appy. 65 hours, perforated intervals 9912-24, 42-59 w/ 215PF. Acidized w/ 5000 gal 28%. Evaluated.

On PT, Flow 302 BOX 198 BW 24 hrs. thru 2 1/4" ch. TPF 800. GOR 1531. 462 MCFG. Cgr. 46.2

TD- 10130 comp. 2-7-67
PBD- 10049
TPM- 9912

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

SIGNED [Signature] TITLE AREA SUPERINTENDENT DATE 2-8-68

APPROVED BY 1-NSW TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: 1-SUP
1-RRY