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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND ~~THUBBS~~ OFFICE O. C. C.  
MAY 23 1 11 PM '67  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator <b>Natural Gas and Oil Corporation</b>	
Address <b>206 First Savings Bldg., Midland, Texas</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner **None**

Lease Name <b>New Mexico State</b>		Well No. <b>1</b>	Pool Name, Including Formation <b>Undesignated-Wolfcamp</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>K2653</b>
Location					
Unit Letter <b>N</b> ; <b>1,975.8</b> Feet From The <b>West</b> Line and <b>660</b> Feet From The <b>South</b>					
Line of Section <b>2</b> Township <b>11S</b> Range <b>33E</b> , NMPM, <b>Lea</b> County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Pan-American Petroleum Corp. Trucks</b>		Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1725, Midland, Texas</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>		Address (Give address to which approved copy of this form is to be sent) <b>None</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>2</b>	Twp. <b>11S</b>	Rge. <b>33E</b>	Is gas actually connected? <b>No</b>
When <b>-</b>					

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

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 <b>4-9-67</b>	Date Compl. Ready to Prod. <b>5-10-67</b>	Total Depth <b>8,965</b>		P.B.T.D. <b>8,900</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4,237 GL</b>	Name of Producing Formation <b>Wolfcamp</b>	Top Oil/Gas Pay <b>8,872</b>		Tubing Depth <b>8,830</b>					
Perforations <b>8,872-8,882</b>				Depth Casing Shoe <b>8,965.70 RB</b>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2"</b>		<b>13-3/8" 48# N-40</b>		<b>370.56 RB</b>		<b>400 Reg. Neat, 2% gel</b>			
<b>11"</b>		<b>8-5/8" 24# J-55</b>		<b>3,825.55 RB</b>		<b>(See Reverse)</b>			
<b>7-7/8"</b>		<b>5 1/2" 15.5# J-55, 17# N-80</b>		<b>8,965.70 RB</b>		<b>" "</b>			
<b>5 1/2"</b>		<b>2-3/8" 4.7# J-55 EUE</b>		<b>8,830.00</b>		<b>None</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <b>5-19-67</b>	Date of Test <b>5-19-67</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>8 Hrs.</b>	Tubing Pressure <b>325#</b>	Casing Pressure <b>Packer</b>	Choke Size <b>21/64"</b>
Actual Prod. During Test <b>132.00</b>	Oil - Bbls. <b>132.00</b>	Water - Bbls. <b>-0-</b>	Gas - MCF <b>305.0</b>

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

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.

**J. Steele**  
(Signature)  
**Division Production Supt.**  
(Title)  
**5-20-67**  
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	<b>ORIGINAL</b>
TITLE	<b>SIGNED</b>
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.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	

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28' N9 11 1 ES YAM

8-5/8" csg. 300 sx. Pozmix "A" w/ 6% gel, 300 sx. Incor neat w/ 2%  
CaCl.

5-1/2" csg. 400 sx. Pozmix "A" w/ 2% gel, 11# salt/100 sx. cement,  
and 1 1/2% CFR-2