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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

HOBBS OFFICE O. C. C.

(Deviation Surveys on Back Side)

APR 20 8 59 AM '64

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.

Hobbs, New Mexico

4/17/64

(Place)

(Date)

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

Pan American Petroleum Corporation USA Russell E. Horton, Well No. 3, in SW 1/4 NW 1/4, (Company or Operator) (Lease)

E, Sec. 30, T. 8-S, R. 35-E, NMPM, (Milnesand San Andres) Pool

Unit Letter
Roosevelt

County. Date Spudded. 3-19-64 Date Drilling Completed 4-5-64
Elevation 4231' RDB Total Depth 4695' PBD 4693'

Please indicate location:

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

1650' FWL X 330' FWL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	397	200
4-1/2"	4695	200
2-3/8"	4578'	

Top Oil/Gas Pay 4650' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4650'-68' W/2 SPF

Open Hole Depth 4695' Casing Shoe Depth 4578' Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or ~~REWORK~~ Treatment (after recovery of volume of oil equal to volume of load oil used): 74 bbls. oil, 0 bbls. water in 24 hrs, _____ min. Size 15/64" 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-F, 20,000 gal oil W/1/2 gm/gal

Casing Press. 0 Tubing Press. 180 Date first new oil run to tanks 4-15-64

Oil Transporter Magnolia Pipe Line Co.

Gas Transporter None

Remarks: _____

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

Approved: _____, 19_____

Pan American Petroleum Corporation

Original Signature (Company or Operator)
V. E. STALEY

By: _____ (Signature)

OIL CONSERVATION COMMISSION

Title: Area Superintendent

Send Communications regarding well to:

Name: V. E. Staley

Address: Box 68 - Hobbs, New Mexico 88240

Title: _____

DEVIATION SURVEYS

<u>DEPTH</u>	<u>DEGREES OFF</u>
915	1/4
1416	1/2
1822	1-1/4
2693	1
3430	1-1/4
3795	1
4171	1
4533	1

The above are true and correct to the best of my knowledge and belief.




V. E. Staley, Area Superintendent

Sworn and subscribed to this date, the 17th day of April, 1964.

8-8-64

My Commission Expires



G. D. Durham, Notary Public in and for
Lea County, New Mexico