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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

(Deviation Surveys on Back Side)

HOBBS OFFICE O. New Well

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

May 26, 1964

(Place)

(Date)

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

Pan American Petroleum Corp. **USA Russell E. Horton**, Well No. **4**, in **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)

Unit Letter

F, Sec. **20**, T. **8**, R. **35**, **Milnesand San Andres** Pool

Roosevelt

Please indicate location:

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

1650' FWL X 1650' FWL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	397	200
4-1/2	4690	200
2	4660	

County. Date Spudded **4-27-64** Date Drilling Completed **5-5-64**
Elevation **4230' REB** Total Depth **4690** PBTD **4681'**

Top Oil/Gas Pay **4657'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **4657'-71' W/280T**

Open Hole Depth Casing Shoe **4690'** Depth Tubing **4660'**

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 Choke load oil used): **114** bbls. oil, **5** bbls water in **24** hrs, _____ min. Size **22/64**

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): **300 gal acid; 3-0-1 20,000 oil, 20,000 sand, 4000 beads**

Casing Press. **600** Tubing Press. **120** Date first new oil run to tanks **5/23/64**

Oil Transporter **Magnolia Pipe Line Co.**

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

Remarks: _____

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

Approved **MAY 27 1964**, 19____

Pan American Petroleum Corporation

Original Signature (Company or Operator)

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 _____

DEVIATION SURVEY

<u>DEPTH</u>	<u>DEGREES OFF</u>
397	1/4
702	1/4
1066	1/2
1344	1/2
1626	3/4
2052	1-1/4
2317	1-1/2
2568	1-3/4
2981	2
3381	2
3639	2-1/4
4064	1-1/4
4277	2-1/2
4457	1
4588	1
4690	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 26th day of May, 1964.

8-8-64

My Commission Expires



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