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PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE O. C. C.

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.

Hebbs, New Mexico
(Place)

7-27-64
(Date)

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

Pan American Petroleum Corporation Russell E. Horton, Well No. 9, in Sec. 30, T. 1S, R. 35E, NMPM Milne and San Andres Pool

Unit Letter J, Sec. 30, T. 1S, R. 35E, NMPM Milne and San Andres Pool

Roosevelt

County. Date Spudded 7-10-64

Date Drilling Completed 7-27-64

Please indicate location:

Elevation 4224' RTB Total Depth 4351' PB 4311'

Top Oil/Gas Pay 4724' Name of Prod. Form San Andres

PRODUCING INTERVAL -

Perforations 4724'-4773' W/2 SPE

Open Hole Depth Casing Shoe 4351' Tubing 4750'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke Swab load oil used): 99 bbls. oil, 0 bbls water 18 hrs, _____ min. Size _____

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) 2000 gal acid

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks 7-25-64

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 _____, 19 _____ Pan American Petroleum Corporation

Original Company or Operator
V. E. STALEY

By: _____ (Signature)

Title Area Superintendent

Send Communications regarding well to:

Name Pan American Petroleum Corporation

Address Box 68 - Hebbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____