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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

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

(Deviation Surveys on Back Side)

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, N.M.
(Place)

12-23-64
(Date)

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

Pan American Petro Corp. (Company or Operator) *USA Russell E. Horton* (Lease), Well No. *26*, in *NW 1/4, NE 1/4*,
Sec. *29*, T. *8-S*, R. *35-E*, NMPM, *Milnes and San Andres* Pool
Roosevelt Unit Letter

County. Date Spudded *12-9-64* Date Drilling Completed *12-19-64*

Elevation *4212' RDB* Total Depth *4706'* PBD *4704*

Top Oil/Gas Pay *4672'* Name of Prod. Form. *San Andres*

PRODUCING INTERVAL -

Perforations *4672'-92' w/2 ISPF*

Open Hole _____ Depth _____ Casing Shoe *4706'* Depth _____ Tubing *4694'*

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): *95* bbls. oil, *0* bbls. water in *14* hrs, _____ min. Choke Size *16/64"*

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): *750 gal.*

Casing Press. _____ Tubing Press. *175* Date first new oil run to tanks *12-22-64*

Oil Transporter *Magnolia Pipe Line Co.*

Gas Transporter *Shelclair 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 Corp.* (Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Title: _____

By: _____ (Signature)

Title: *Area Supt.*

Send Communications regarding well to:

Name: *V. E. Staley*

Address: *P.O. Box 1, Hobbs, N.M. 88240*

Deviation Surveys

<u>DEPTH</u>	<u>DEGREES OFF</u>
400	$\frac{1}{2}$
900	$\frac{1}{2}$
1275	$\frac{3}{4}$
1752	$\frac{3}{4}$
2075	$\frac{1}{4}$
2475	$\frac{1}{4}$
2925	$\frac{1}{4}$
3300	$\frac{1}{2}$
3600	$1\frac{1}{4}$
3940	$\frac{3}{4}$
4140	$1\frac{1}{4}$
4345	$\frac{3}{4}$
4520	$\frac{3}{4}$

The above are true to the best of
my knowledge.

V. E. Staley, Area Supt.

Sworn and subscribed to this date,
the 23rd day of December, 1964

D. R. Moorhead
Notary Public In and for
Lea Co. N. M.

6-18-68
My Commission Expires