

HOBBS OFFICE O. C. C.

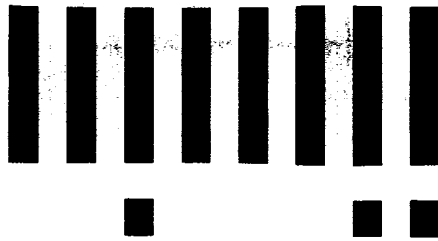
Form C-105
Revised 1-1-65

MAR 11 7 39 AM '66

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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LAND OFFICE	
OPERATOR	

1a. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Field or Lease Name Joy Run Driveway	
2. Name of Operator PAN AMERICAN PETROLEUM CO. P.		9. Well No. 1	
3. Address of Operator Box 68, Hobbs, N. M. 88240		10. Field and Pool, or Wildcat GAMMA TRON SAN ANDRES	
4. Location of Well UNIT LETTER <u>N</u> LOCATED <u>660</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1980</u> FEET FROM <u>WEST</u> LINE OF SEC. <u>24</u> TWP. <u>7-S</u> RGE. <u>33-E</u> NMPM		12. County ROOSEVELT	
15. Date Spudded 1-22-66	16. Date T.D. Reached 2-18-66	17. Date Compl. (Ready to Prod.) 2-18-66	18. Elevations (DF, RKB, RT, GR, etc.) 4333' RDB
20. Total Depth 1-22-66	21. Plug Back T.D. 4338	22. If Multiple Compl., How Many	23. Intervals Drilled By Rotary Tools O-TD
24. Producing Interval(s), of this completion - Top, Bottom, Name 4165'-4308' SAN ANDRES			25. Was Directional Survey Made No
26. Time Electric and Other Logs Run GAMMA TRON			27. Was Well Cored No
28. CASING RECORD (Report all strings set in well)			
CASING SIZE 8 5/8"	WEIGHT LB./FT. 24 #	DEPTH SET 450'	HOLE SIZE 11"
4 1/2"	9.5 #	4372'	7 7/8"
CEMENTING RECORD 250'		AMOUNT PULLED 800'	
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP	BOTTOM	SACKS CEMENT
			SCREEN
			SIZE 2 3/8
			DEPTH SET 4316
31. Perforation Record (Interval, size and number) 4165-67, 76-79, 87-89, 93-04, 4211-18, 26-30, 36-40, 47-50, 54-56, 4301-08 W/2JSPF		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL 4165-4308 AMOUNT AND KIND MATERIAL USED 3000 gal acid 3-0-F, 30000 gal oil 27000 lb sand 3000 # beads	
33. PRODUCTION			
Date First Production 3-7-66	Production Method (Flowing, gas lift, pumping - Size and type pump) PUMPING		Well Status (Prod. or Shut-in) PRODUCING
Date of Test 3-8-66	Hours Tested 24	Choke Size -	Prod'n. For Test Period Oil - Bbl. 103
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Gas - MCF 79
			Water - Bbl. 0
			Gas - Oil Ratio 768
			Oil Gravity - API (Corr.) 25°
34. Disposition of Gas (Sold, used for fuel, vented, etc.) VENT			Test Witnessed By
35. List of Attachments NONE			
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.			
SIGNED J. W. HOBBS		TITLE AREA SUPT	
DATE 3-9-66		DATE 3-9-66	



LTR



Job separation sheet

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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(DEVIATION SURVEYS - BACK SIDE)

HOBBS OFFICE O.C.C.
MAR 13 8 37 AM '66
Form C-104
Supersedes Old C-104
Effective 1-1-65

I. OPERATOR
Operator Am American Petroleum Corp.
Address Box 68, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>JOY RUTH BRADLEY</u>	Well No. <u>1</u>	Pool Name, including Formation <u>CHAUEROO-SAN ANDRES</u>	Kind of Lease <u>FEE</u>
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line of Section <u>24</u> , Township <u>7S</u> Range <u>33-E</u> , NMPM, <u>ROOSEVELT</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>THE PERMIAN CORP (TRUCKS)</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, MIDLAND, TEXAS</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>24</u>
	Twp. <u>7</u>	Rge. <u>33</u>
	Is gas actually connected?	When
	<u>No</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>1-22-66</u>	Date Compl. Ready to Prod. <u>2-18-66</u>	Total Depth <u>4372'</u>	F.B.T.D. <u>4338'</u>					
Pool <u>CHAUEROO</u>	Name of Producing Formation <u>SAN ANDRES</u>	Top Oil/Gas Pay <u>4165'</u>	Tubing Depth <u>4316'</u>					
Perforations <u>4165-67, 76-79, 87-89, 93-04, 4211-18, 26-30, 36-40, 47-60</u>			Depth Casing Shoe <u>4372'</u>					
54-56, 4301-08 w/21SPF								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>8 5/8"</u>		<u>450'</u>		<u>250</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>4372'</u>		<u>800</u>			
	<u>2 3/8"</u>		<u>4316'</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 <u>3-7-66</u>	Date of Test <u>3-8-66</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24 hr.</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>103</u>	Oil-Bbls. <u>103</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>79</u> (GOR-768 Cg-25°)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1-104
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1-111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out Sections I, II, III, and VI only for changes of well name or number, or transporter, or other such change of conditions.

(Signature) AREA SUPT
(Title)
(Date) 3-9-66