

HOBBS OFFICE O.C.C.

APR 19 7 27 AM '66

Form C-105  
Revised 1-1-65

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

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.  
**K-1276**

1a. TYPE OF WELL  
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐  
b. TYPE OF COMPLETION  
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐  
2. Name of Operator  
**Pan American Petroleum Corp.**  
3. Address of Operator  
**Box 68 Hobbs, New Mexico**  
4. Location of Well  
UNIT LETTER **C** LOCATED **660** FEET FROM THE **NORTH** LINE AND **1980** FEET FROM THE **WEST** LINE OF SEC. **25** TWP. **7** RGE. **33** NMMP  
7. Unit Agreement Name  
8. Farm or Lease Name  
**STATE D B**  
9. Well No.  
**3**  
10. Field and Pool, or Wildcat  
**CHAUEROO SAN ANDRES**  
11. County  
**DOUGLAS**

15. Date Spudded **4-3-66** 16. Date T.D. Reached **4/11/66** 17. Date Compl. (Ready to Prod.) **4-14-66** 18. Elevations (DF, RKB, RT, GR, etc.) **4332' R.D.B** 19. Elev. Casinghead  
20. Total Depth **4430'** 21. Plug Back T.D. **4396'** 22. If Multiple Compl., How Many  
23. Intervals Drilled By **Rotary Tools** Cable Tools  
**0-TD**  
24. Producing Interval(s), of this completion - Top, Bottom, Name  
**4218-4333 - SAN ANDRES**  
25. Was Directional Survey Made  
**No**  
26. Type Electric and Other Logs Run  
**Gamma Ray**  
27. Was Well Cased  
**No**

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<b>8 5/8"</b>	<b>24 #</b>	<b>452'</b>	<b>11"</b>	<b>250</b>	
<b>4 1/2"</b>	<b>95 #</b>	<b>4430'</b>	<b>7 7/8"</b>	<b>800</b>	

29. LINER RECORD				30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SIZE	DEPTH SET	PACKER SET
				<b>2 3/8</b>	<b>4341</b>	

31. Perforation Record (Interval, size and number)  
**4218-28; 36-39; 47-55; 62-68; 76-79**  
**4325-33; w/2JS PF**  
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.  
DEPTH INTERVAL  
**4218-4333**  
AMOUNT AND KIND MATERIAL USED  
**2000 gal acid**

33. PRODUCTION  
Date First Production **4-14-66** Production Method (Flowing, gas lift, pumping - Size and type pump) **FLOWING** Well Status (Prod. or Shut-in) **PRODUCING**  
Date of Test **4-14-66** Hours Tested **19** Choke Size **17/64** Prod'n. For Test Period **248** Oil - Bbl. **48** Gas - MCF **0** Water - Bbl. **194** Gas - Oil Ratio **24**  
Flow Tubing Press. **200** Casing Pressure **300** Calculated 24-Hour Rate **291** Oil - Bbl. **56** Gas - MCF **0** Water - Bbl. **24** Oil Gravity - API (Corr.)

34. Disposition of Gas (Sold, used for fuel, vented, etc.) **Vented** 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 **Area Supr** TITLE **Area Supr** DATE **4-15-66**

Job separation sheet

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TRANSPORTER	OIL	
	GAS	
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PRODUCTION OFFICE		

HOBBS OFFICE O.C.C.  
NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
APR 19 7 27 AM '66  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

(DEVIATIONS - BACK SIDE)

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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE D13 Well No. 3 Pool Name, including Formation Chaveroo-San Andres Kind of Lease STATE  
Location Unit Letter C 660 Feet From The North Line and 1980 Feet From The West  
Line of Section 25 Township 7 Range 33 NMPM, ROOSEVELT County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
THE PERMIAN CORP (TRUCKS) Box 3119, MIDLAND TEXAS  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 D Sec. 25 Twp. 7 Rge. 33 Is gas actually connected? No When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>							
Date Spudded <u>4-3-66</u>	Date Compl. Ready to Prod. <u>4-14-66</u>	Total Depth <u>4430'</u>	P.B.T.D. <u>4396'</u>					
Pool <u>CHAVEROO</u>	Name of Producing Formation <u>SAN ANDRES</u>	Top Oil/Gas Pay <u>4218'</u>	Tubing Depth <u>4341'</u>					
Perforations <u>4218-28, 36-39, 47-55, 62-68, 76-79, 4325-33 w/21SPF</u>			Depth Casing Shoe <u>4430'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8 5/8"</u>	<u>452'</u>	<u>250</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>4430'</u>	<u>800</u>
	<u>2 3/8"</u>	<u>4341'</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>4-14-66</u>	Date of Test <u>4-14-66</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOW</u>	
Length of Test <u>19</u>	Tubing Pressure <u>200</u>	Casing Pressure <u>300</u>	Choke Size <u>17/64</u>
Actual Prod. During Test <u>248</u>	Oil-Bbls. <u>248</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>48</u>

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 1, 19 1966  
BY W. A. Smith  
TITLE 4-15-66

This form is to be filed in compliance with RULE 1104,  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

ON 3-27-66  
1-248  
1-08P

1-SUSD  
1-248

7

(Signature)

(Title)

(Date)

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HOBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION  
APR 19 7 26 AM '66

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-1276
7. Unit Agreement Name
8. Farm or Lease Name STATE DB
9. Well No. 3
10. Field and Pool, or Wildcat CHAUEROO SAN ANDRES
12. County ROOSEVELT

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Pan American Petroleum Corp.
3. Address of Operator Box 68 Hobbs, New Mexico
4. Location of Well UNIT LETTER C 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 25 TOWNSHIP 7-S RANGE 33-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4332 R.D.B.

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

TD-4430: On 4-11-66, 4 1/2" OD 9.5" J-55 Casing was set at 4430' with 500 sd Incon 12% gel plus 300 sd. neat. Tested casing w/ 2000 # psi for 30 minutes. Test O.K. After M. O. C. 36 hours, perforated intervals 4218-28, 36-39, 47-55, 62-68, 76-79, 4325-33 w/ 25PF. Acidized w/ 2000 gallons. Swabbed in & tested.

On PT. flowed 248 BO x OBW in 19 hours. CPF 300, TPF 200". 17/64" choke. BOR 194. Cgn 24.

TD-4430 TPAV 4218 Comp. 4-14-66  
PBD-4396 SAN ANDRES

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

SIGNED \_\_\_\_\_ TITLE Area Supt. DATE 4-15-66

ON 2-NMOC-N  
1-JWB  
APPROVED BY  
1-SUSP  
CONDITIONS OF APPROVAL, IF ANY:  
1-RKY

TITLE \_\_\_\_\_ DATE \_\_\_\_\_