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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

HOBBS OFFICE 0.6.6:

MAY 20 2 29 PM '66
Revised Old C-104 and C-110
Effective 1-1-65

(DEVIATIONS - BACK SIDE)

I. OPERATOR

Operator Am American Petroleum Corp

Address Box 68, Hobbs

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease STATE DB Well No. 7 Pool Name, including Formation CHAUEROO SAN ANDRES Kind of Lease State, Federal or Foreign STATE

Location: Unit Letter K 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line of Section 25 Township 7-S Range 33-E NMPM, ROOSEVELT County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
THE PERMIAN CORP Address (Give address to which approved copy of this form is to be sent)
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 and gas, give location of separator: 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

Des. Date of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date of Completion <u>4-30-66</u>	Date Compl. Ready to Prod. <u>5-12-66</u>	Total Depth <u>4431'</u>	P.B.T.D. <u>4386'</u>					
Pool <u>CHAUEROO</u>	Name of Producing Formation <u>SAN ANDRES</u>	Top Oil/Gas Pay <u>4188'</u>	Tubing Depth <u>4331'</u>					
Perforations <u>4188-89, 92-93, 4223-28, 34-40, 50-61, 68-76, 82-84, 92-95, 97-100, 107-113, 22-24 W/2 JSPF</u>	Depth Casing Shoe <u>4431'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4 8 5/8"</u>	<u>8 7/8"</u>	<u>445'</u>	<u>250</u>					
<u>7 7/8 4 1/2"</u>	<u>4 1/2"</u>	<u>4431'</u>	<u>800</u>					
	<u>2 3/8"</u>	<u>4331'</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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>5-12-66</u>	Date of Test <u>5-20-66</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOWING</u>	
Length of Test <u>24</u>	Tubing Pressure <u>75</u>	Casing Pressure <u>1000</u>	Choke Size <u>26/64</u>
Actual Prod. During Test <u>227</u>	Oil-Bbls. <u>178 BLO</u> <u>49 BNO</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>86</u> (<u>602318</u>) (<u>eq 23.9</u>)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure	Casing Pressure	Choke Size

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____

This form is to be filed in compliance with RULE 1106.

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.

This form is to be filed in duplicate with each pool in multiple