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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE C.C.  
AND

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

AUG 12 1 55 PM '66  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(DEVIATION SURVEYS - BACK SIDE)

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address Box 66, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE			
Well Name BROWN JR.	Well No. 1	Pool Name, Including Formation NORtheast Chavero-San Andres R-3297 CHAVERO-SAN ANDRES (EXT)	Kind of Lease State, Federal or Fee FEE
Location			
Unit Letter L	1980 Feet From The SOUTH	Line and 660	Feet From The WEST
Line of Section 4	Township 7-S	Range 34-E	NMPM, ROOSEVELT 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"/>	Address (Give address to which approved copy of this form is to be sent)		
THE PERMIAN CORP.	Box 3115 MIDLAND TEXAS		
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 L	Sec. 4	Twp. 7
	Rge. 34	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 <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 Spudded 5-13-66	Date Compl. Ready to Prod. 5-26-66	Total Depth 4267	P.B.T.D. 4253'
Elevations (DF, RKB, RT, GR, etc.) 4238' R.D.B.	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 4133'	Tubing Depth 4230
Perforations 4133-54, 4224-53		Depth Casing Shoe 4267	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 4 1/2"	DEPTH SET 421 4267	SACKS CEMENT 250 800

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 8-8-66	Date of Test 8-11-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 29	Oil-Bbls. 27	Water-Bbls. 2	Gas-MCF 10 (451 GOR 25°)


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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
BY _____		BY _____	
TITLE _____		TITLE _____	
043-NMOC-14 1-NSW 1-OBP 1-SUSP 1-RRY		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 only Sections I, II, III, and VI 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.	
(Signature) Area Supt			
(Title) 8-12-66			
(Date)			

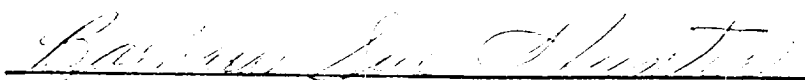
# DEVIATION SURVEY

	DEGREES
<u>DEPTH</u>	<u>OFF</u>
424	1/4
922	"
1664	2 -
2137	2 -
2624	1 1/2
3116	2 -
3344	1 1/2
3848	2 1/4
4003	2 -
4267	2 -

The above are true to the best of my knowledge.

  
Area Supt.

Sworn to this date, the 12<sup>th</sup> day of August, 1966.

  
Notary Public In & for Lea Co. N.M.

My Commission expires 2-5-70

