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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

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

270 JUN 30 AM 8 40

Operator CLINTON OIL COMPANY - <del>OPERATING DIVISION</del>	
Address 217 NORTH WATER, WICHITA, KANSAS 67202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Pan American Petroleum Corp., Box 68, Hobbs, New Mexico

DESCRIPTION OF WELL AND LEASE

Lease Name STATE "DB"	Well No. 9	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>7-S</u> Range <u>33-E</u> , NMPM, <u>Roosevelt</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25
	Twp. 7-S	Rge. 33-E
	Is gas actually connected? <u>Yes</u> When <u>7-11-66</u>	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.

M. L. Aisenbrey  
J.L. Aisenbrey (Signature)  
Prod. Clerk  
6-27-70  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JUL 2 1970, 19\_\_\_\_  
BY [Signature]  
TITLE SUPERVISOR DISTRICT

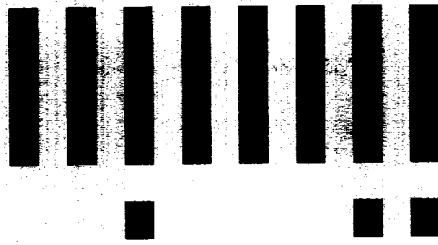
This form is to be filed in compliance with RULE 1104.

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



**LTR**



**Job separation sheet**

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AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator  
PAN AMERICAN Petroleum Corp.  
Address  
Box 68 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	<u>FORMERLY: CAPITAN, INC.</u>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>State "D.B."</u>		<u>9</u>	<u>CHAVEROO SAN ANDRES</u>	State, Federal or Free <u>STATE</u>	
Location					
Unit Letter <u>0</u> , <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line of Section <u>25</u> Township <u>7-S</u> Range <u>33-E</u> , NMPM, <u>Roosevelt</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Hobbs</u> <u>Magnolia Pipe Line Company</u>	<u>Box 900 Dallas Texas</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>Cities Service Oil Company</u>	<u>Box 69 Hobbs, New Mexico</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>25</u> Twp. <u>7-S</u> Rge. <u>33-E</u>	Is gas actually connected? <u>Yes</u>	When <u>7-11-66</u>

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.

14-NMOC-C-H  
1-NSW  
1-OBP  
1-SUSP  
1-RY

8 (Signature)  
Area Superintendent (Title)  
6-27-67 (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_ 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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.

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