

NEW MEXICO OIL CONSERVATION COMMISS  
REQUEST FOR ALLOWABLE  
AND HOBBS OFFICE O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

FEB 15 9 12 AM '67

|                        |     |  |
|------------------------|-----|--|
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| SANTA FE               |     |  |
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| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

Operator  
PAN AMERICAN PETROLEUM CORPORATION  
Address  
BOX 68, HOBBS, N. M. 88240

Reason(s) for filing (Check proper box)  
New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:  
Oil ☐  
Casinghead Gas ☒

Dry Gas ☐  
Condensate ☐

Other (Please explain)  
Effective 2-9-67  
Gas - formerly vented

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |               |  |   |                            |
|---|---------------|--|---|----------------------------|
| Lease Name<br>WOLF Federal  | Well No.<br>3 | Pool Name, Including Formation<br>CHAUVERON San Anisus | Kind of Lease<br>State, Federal or Fed<br>Fed | Lease No.<br>NM<br>0164650 |
| Location<br>Unit Letter O : 660 Feet From The SOUTH Line and 2150.9 Feet From The EAST<br>Line of Section 18 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"/><br>MOBIL PIPE LINE Co.                | Address (Give address to which approved copy of this form is to be sent)<br>Box 900, Dallas Texas |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>CITIES SERVICE PIPELINE Co | Address (Give address to which approved copy of this form is to be sent)<br>Bartlesville Okla     |
| If well produces oil or liquids, give location of tanks.<br>Unit B Sec. 19 Twp. 7 Rge. 34  | Is gas actually connected? YES When 2-9-67  |

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-165

V. COMPLETION DATA

|                                    |                             |                 |                   |          |        |           |             |              |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

VI. 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            |

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.

04-NMOC-C-H  
1- NSU  
1- Bill Farmer  
1- SUSP  
(Signature) AREA SUPERINTENDENT  
(Title)  
(Date) 2-13-67

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.  
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.