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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

HOBBS OFFICE O. C. C.

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 11 1 25 PM '67

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

(BACK SIDE FOR DEVIATION SURVEYS)

I.

Operator
PAN AMERICAN PETROLEUM CORPORATION

Address
BOX 68, HOBBS, N. M. 88240

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
HOMME Federal	3	CHAVEROO San Andres	State, Federal or Fee Federal	NM-0142393

Location
Unit Letter F ; 1980 Feet From The NORTH Line and 1980 Feet From The WEST

Line of Section 20 Township 7-S Range 34-E , NMPM, ROOSEVELT County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
MOBIL PIPE LINE 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 [ ] 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	19	7	34	No	

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

IV. COMPLETION DATA

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-10-66	1-3-67	4384'	4364'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4320' RDB	San Andres	4114'	

Perforations 4114, 28, 38, 78, 79, 80, 82, 4205, 16, 20, 22, 23, 37, 94, 95, 4300, 01, 05, 11, 12, 12½, 13, 14, 14½, 15, 16, 17

Depth Casing Shoe 4384'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8 5/8"	425'	300
7 7/8"	4 1/2"	4384'	800

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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
1-7-67	1-8-67	Swab	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
10	—	—	—
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
104	81	23 BLW	51

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.

DN 3-NMOCC-Hb
1-NSW
1-Bill Farmer
1-SOSP
1-Rey

(Signature)
AREA SUPERINTENDENT
(Title)
1-9-67
(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.

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.

DEVIATIONS

DEPTH	DEGREES OFF
980	½
1442	½
1875	1 -
2436	¾
3060	¾
3400	¼
3550	1 ½
3811	"
3980	2½

The above are true to the best of my knowledge.

1-9-67

BOX 68, HOBBS, N. M. 88240
AREA SUPERINTENDENT

SWORN TO THIS DATE, THE 9th day of DECEMBER, 1967

D R Meacham

Notary Public In & For Lea Co. N M
My commission expires 6-18-68

D. D. MOORHEAD
NOTARY PUBLIC
LEA COUNTY N.M.