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

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-11
Effective 1-1-65

(Deviation Surveys - Back Side)

I.

Operator <i>Pan American Petroleum Corp.</i>	
Address <i>Box 63 Hobbs, New Mexico 88240</i>	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain) <div>PURSUANT TO THE PROVISIONS OF THIS AUTHORITY TO PRODUCE AND SEED OIL AND NATURAL GAS FROM THIS WELL AUTOMATICALLY EXPIRES UNLESS A REQUEST FOR AN AUTHORIZED EXCEPTION TO THE ABOVE HAS BEEN OBTAINED BY 11/27/67</div>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Lease Name PETERSON "A" FEDERAL	Well No. 1	Pool Name, including Formation <i>Todd Lower San Andres</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0321281
Location Unit Letter M ; 660' Feet From The South Line and 660 Feet From The West Line of Section 29 Township 7 Range 36 , 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"/> <i>The Permian Corp. (Trucks)</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 3115 Midland Texas</i>	
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 M	Sec. 29
	Twp. 7	Rge. 36
	Is gas actually connected?	When
	No	

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-9-67	Date Compl. Ready to Prod. 11-21-67		Total Depth 4329		P.B.T.D. 4302			
Elevations (DF, RAB, RT, GR, etc.) 4142 RDB	Name of Producing Formation <i>San Andres</i>		Top Oil/Gas Pay 4247		Tubing Depth			
Perforations 4247-56, 4260-67, 4270-86 w/2-TSPF & JMA					Depth Casing Shoe 4329			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 322'		SACKS CEMENT 250.04			
7 7/8"	4 1/2"		4329'		300.04			

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 11-22-67	Date of Test 11-25-67	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test 23	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 120	Oil-Bbls. 118	Water-Bbls. 2 BLW	Gas-MCF 62

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

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.

[Signature]

(Signature)

Area Superintendent

(Title)

11-27-67

(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.

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 multiple

Deviation Surveys

<u>Depth</u>	<u>Degrees</u>
322	$\frac{1}{2}$
728	$\frac{3}{4}$
1138	$\frac{1}{2}$
1444	$\frac{3}{4}$
2000	$\frac{3}{4}$
2405	$\frac{1}{2}$
2520	1
2981	$\frac{3}{4}$
3223	$\frac{3}{4}$
3593	$\frac{3}{4}$
3881	$\frac{3}{4}$
4088	$\frac{1}{2}$

The above are true to the best of my knowledge.



11-27-67

Sworn to this date, the 27th day of November, 1967.

DR 711 Carhead
 Notary Public, In & For Lea Co., N.M.
 My commission expires 6-18-68.