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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110  
Effective 1-1-65

(DEVIATION SURVEYS - BACK SIDE)

Operator	
PAN AMERICAN PETROLEUM CORPORATION	
Address	
BOX 68, HOBBS, N. M. 88240	
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)	
UNLESS A CASINGHEAD GAS OR CONDENSATE IS PRODUCED, NO EXCEPTION TO THE MAXIMUM RATE AND LIMITS OBTAINED BY:	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
PETERSON "A" Federal	2	TODD, LOWER SAN ANDRES	State, Federal or Fee FED	NM-0321281
Location				
Unit Letter	1980	Feet From The	Line and	Feet From The
L		SOUTH	660	WEST
Line of Section	Township	Range	NMPM	County
29	7-S	36-E	ROOSEVELT	

I. 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. (TRUCKS)	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	29	7	36	No	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-27-67	1-8-67	4298'	4278'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4143' R.D.B.	SAN ANDRES	4232	4273' APPX					
Perforations			Depth Casing Shoe					
4232-37, 42-60, 64-66, 70-72			4298'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	317'	250					
7 7/8"	4 1/2"	4298'	300					
	2 3/8"							

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-8-68	1-9-68	FLOWING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	450	1050	26/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
427	367	60 BLW	125

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, 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.

243-NMOCC-11  
F-N510  
1-DBP  
1-SUSD  
1-RBB

(Signature)

AREA SUPERINTENDENT

(Title)

1-10-68

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.


( DEVIATION SURVEYS )

<u>DEPTH</u>	<u>DEGREES OFF</u>
320	- 1
807	- 1
1207	- $\frac{3}{4}$
1607	- 1
2435	- 1
2930	- 1
3215	- $1\frac{1}{2}$
3613	- $\frac{3}{4}$
3030	- 1 -
4214	$\frac{1}{4}$

The above are true to the best of my knowledge.

  
\_\_\_\_\_  
AREA SUPERINTENDENT

Sworn to this date, January 10, 1968.

  
\_\_\_\_\_  
Notary Public in & for Lea Co. N.M.  
My Commission expires 6-18-68.