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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

I.

Operator PAN AMERICAN PETROLEUM CORPORATION		
Address BOX 68, HOBBS, N. M. 86240		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
New Well <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> <del>W</del>	REQUEST AUTHORITY TO TEMP. COMMINGLED
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	PENDING APPROVAL OF FORMAL
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	APPLICATION - TO BE COMMINGLED W/
	Condensate <input type="checkbox"/>	WITH PETERSON A FEDERAL INTO
		TODD STORAGE SYSTEM.
		*FORMERLY - THE PERMIAN CORP.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name SPRADLEY FEARAL	Well No. 1	Pool Name, Including Formation TODD-LOWER SAN ANDRES	Kind of Lease State, Federal or Fee FED	Lease No. NM - 0449372
Location				
Unit Letter O	660	Feet From The SOUTH	Line and 1980	Feet From The EAST
Line of Section 29	Township T-7-S	Range R-36-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"/>	Address (Give address to which approved copy of this form is to be sent)					
MOBIL PIPE LINE Co	Box 900 DALLAS, 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 M	Sec. 29	Twp. 7	Rge. 36	Is gas actually connected? No	When

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	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			

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	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

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.

0-3-NMOCG-4

1-NSW

1-OBP

1-JEL

1-SUSP

1-RRL

(Signature)

AREA SUPERINTENDENT

(Title)

JAN 28 1969

(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.