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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)

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)*
PURSUANT TO THE POOL RULES THIS AUTHORITY TO PRODUCE AND SELL OIL FROM THIS WELL WILL AUTOMATICALLY EXPIRE UNLESS A CASINGHEAD GAS CONNECTION OR AN AUTHORIZED EXCEPTION TO THE NO-FLARE RULE HAS BEEN OBTAINED BY 3/1/69

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

II. DESCRIPTION OF WELL AND LEASE — ~~NOMENCLATURE~~ DESIGNATED Todd-Lower San Andres

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SPRADLEY FEDERAL	1	TODD LOWER SAN ANDRES (K-3209)	State, Federal or Fee FED	NM -

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 36-E, NMPM, ROOSEVELT County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate	Address *(Give address to which approved copy of this form is to be sent)*
THE PERMIAN CORP (TRUCKS)	BOX 3119, MIDLAND 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
	O	29	7	36	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	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.
12-30-68	1-10-69	4330'	4302'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4140' RDB	SAN ANDRES	4263'	4297'
Perforations			**Depth Casing Shoe**
4263-72', 80-96' W/2JSPF			4330'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	329'	250
7 7/8"	4 1/2"	4330'	300

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.)*	
1-10-69	1-11-69	SWAB	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	-	-	-
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
168	125	43 BLW	180

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.

(Signature)
AREA SUPERINTENDENT
(Title)
(Date)

OIL CONSERVATION COMMISSION

JAN 14 1969

APPROVED _____, 19 _____
BY John W. Runyan
TITLE Geologist

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.

0+3-NMOCC-H
1-NSUP
1-OEP
1-JEL
1-SUSP
1-RRV

(DEVIATION SURVEYS)

DEPTH	DEGREES OFF
340	1/2
800	1/2
1325	1/2
2020	1 -
2520	1 -
3000	1 -
3509	3/4
3827	"
4020	1/2

The above are true to the best of my knowledge.

AREA SUPERINTENDENT

Sworn to this date, January 13, 1969.

E. R. Murrah

Notary Public In & For Lea Co. N.M.
My Commission Expires 8-18-72