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U.S.G.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PERMITS 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

Aug 13 9 19 PM '68

OIL-OIL STORAGE SYSTEM IT

Operator
PAN AMERICAN PETROLEUM CORPORATION
Address
Box 66, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Recompletion ☐ Change in Ownership ☐ Other (Please explain)
Gas formerly vented
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.
Location
Unit Letter
Feet From The
Line and
Feet From The
Line of Section
Township
Range
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Address (Give address to which approved copy of this form is to be sent)
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

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)
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 (flow, back prod.)
Tubing Pressure (Static-In)
Casing Pressure (Static-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.

OIL CONSERVATION COMMISSION
APPROVED
BY
TITLE
Geologist

This form is to be filed in compliance with RULE 2-1104.
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 2-111.
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 location, or transportation of other such change of condition.
This form must be filed for each pool in multiple group.