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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-BACKSIDE)

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MILLER Federal	Well No. 1	Pool Name, Including Formation WILDEAT - SAN ANDRES	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-046153-A
Location Unit Letter P ; 660 Feet From The SOUTH Line and 660 Feet From The EAST Line of Section 34 Township 7-S Range 31-E , NMPM, CHAVES 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)					
SCURLOCK OIL COMPANY (TRUCKS)	414 MID AMERICA BLDG. 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 P	Sec. 34	Twp. 7	Rge. 31	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-15-67	Date Compl. Ready to Prod. 4-6-67	Total Depth 4385	P.B.T.D. 4025					
Elevations (DF, RKB, RT, GR, etc.) 4325' RDB	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 3954	Tubing Depth					
Perforations 3954-84 w/2JSPF	Depth Casing Shoe 4385							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 465'		SACKS CEMENT 300			
7 7/8"	4 1/2"		4385'		800			

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 4-7-67	Date of Test 4-13-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test 95	Oil-Bbls. 57	Water-Bbls. 38	Gas-MCF NA

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.

04 3-A MOC-14
1-NSW
1-WEF
1-SUSD
1-RBY
1-UNION TEXAS
(Signature)
AREA SUPERINTENDENT
(Title)
4-14-67
(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.

DEVIATION SURVEYS

DEPTN	DEGREES OFF
465	$\frac{1}{2}$
968	$\frac{1}{2}$
1449	$\frac{3}{4}$
2015	1 -
2512	1 -
2746	$1\frac{1}{2}$
3112	1 -
3289	1 -
3696	$\frac{1}{2}$
3815	$\frac{3}{4}$
4040	1 -
4172	$\frac{3}{4}$
4290	$\frac{1}{2}$

The above are true to the best of my knowledge.

Sworn to this date, the 14th day of April, 1967

DR Moorhead

Notary Public In & For Lea Co. N.M.
My Commission Expires 6-18-68.