| EIVED | 1 | |
|--------------|-----|-----|
| DISTRIBUTION | | |
| | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| OIL | | |
| GAS | | |
| | | |
| | OIL | OiL |

VI.

10

| | SANTA FE FILE U.S.G.S. LAND OFFICE | REQUES" | CONSERVATION COMMISSION THOREGIOWABLOEC.C. AND RAMSPORT BILGINMYSTURAL | Form C-104 Supersedes Old C-104 and C-1 Elfective 1-1-65 GAS | | |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------|----------------------------------------|
| 1. | I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE | | SURUEYS - BAC | | | |
| | PAN AMERICAN PETROLEUM CORPORATION | | | | | |
| | BOX 68, HOBBS, N. M. 882 | | | | | |
| | Reason(s) for filing (Check proper both | Change in Transporter of: | Other (Please explain) | | | |
| | Recompletion Change in Ownership | Oil Dry C | = $-$ | | | |
| | If change of ownership give name | Casinghead Gas | ensate | <u> </u> | | |
| 11 | DESCRIPTION OF WELL AND | UNDESIGN | | | | |
| II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation R-3319 Kind of Lease | | | | | | |
| | MILLER FEDERAL | 2 Tom-Tom San | n Undres ENA State, Feder | al or Foo Federal NM-153-A | | |
| | Unit Letter;; | 80 Feet From The SOUTH LI | Ine and 1980 Feet From | The EAST | | |
| | Line of Section 34 To | wnship 7-S Range | 31-E , NMPM, CHA | AUCS County | | |
| III. | DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oli | TER OF OIL AND NATURAL G | | | | |
| | SCURLOCK OIL CO | | Address (Give address to which appro | Bing Minches Town | | |
| | Name of Authorized Transporter of Ca | singhead Gas Or Dry Gas | Address (Give address to which appro | ved 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? Wh | en | | |
| 137 | If this production is commingled wi | th that from any other lease or pool, | give commingling order number: | ` | | |
| 14. | COMPLETION DATA Designate Type of Completion | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty. | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | 6-29-67 | 7-17-67 | 4039 | 4015 | | |
| | Elevations (DF, RKB, RT, GR, etc.) 4326 R.D.B. | Name of Producing Formation Sam Canares | Top Oil/Gas Pay | Tubing Depth | | |
| | 3900 - 3980 d | W/ZJSPF | | Depth Casing Shoe 4039 | | |
| | TUBING, CASING, A | | D CEMENTING RECORD | | | |
| | HOLE SIZE | CASING & TUBING SIZE | OEPTH SET | SACKS CEMENT | | |
| | 7 7/8 | 4 '/2" | 4039' | 800 | | |
| | | | | | | |
| | 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. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.) | | | | | |
| | Date First New Oil Run To Tanks 7-17-67 | Date of Test 7 - 17 6 7 | Producing Method (Flow, pump, gas lift, etc.) | | | |
| ŀ | Length of Teet | Tubing Pressure | Casing Pressure | Choke Size | | |
| | Actual Prod. During Test | 011-Bble. | /65 | 16/64 Gas-MCF | | |
| | /49 | 134 | 15 | 49 | | |
| | 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 | | 91L CONSERVATION COMMISSION | | | |
| I | hereby certify that the rules and re | egulations of the Oil Conservation | ABPROVED, 19 | | | |
| | Commission have been complied washove is true and complete to the | ith and that the information given | BY | | | |
| ر کا ع | - NMOCL. H | | TITLE | | | |
| 1-SUSP 1-NSW DR Maches 1-WEF (Signature) 1-RRY (MA Adm. Supper.) 1-UNIONTE IS 7-ZO-67 (Date) | | | 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 transporte | er, or other such change of condition, |

| Deviate | ou Surveys |
|-------------|-----------------|
| DEPTH | DEGREES P |
| 150 | <i>'</i> 4 |
| <i>35</i> 5 | 3/4 |
| 973 | /- |
| 1420 | 3 /4 |
| 1860 | •• |
| 2489 | 1 /4 |
| 2960 | 2 - |
| 3292 | 1 - |
| 3810 | 1 - |
| 4038 | 1 1/4 |

The above are true to the best of my knowledge.

Sworn to this date, the 19th day of July, 1967.

Notary Lublic In redorded Co. N. M. My Commission expires 6-18-69.