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SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11		
FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 AND Effective 1-1-85		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATUR	
	4		
TRANSPORTER GAS	4		
OPERATOR		•	
I. PRORATION OFFICE	(Denation ?	Suvers-Bac	4 Side
Oper Pan AMERICAN PETROLEUM		Mor ogs Dad	e diac j
Address			
BOX 68, HOBBS, N. M. 88240	)		
Reason(s) for filing (Check proper box) New Well		Other (Please explain)	
Recompletion	Change in Transporter of: Oll Dry C		
Change in Ownership		ensate	
If change of ownership give name			
and address of previous owner			· · · · · · · · · · · · · · · · · · ·
I. DESCRIPTION OF WELL AND I	LEASE UNDESIGN	ATED Tom-tom Sa	n Andres
Lease Name	Well No. Pool Name, Including I	Formation 2-2347 Kind of I	ease Lease No.
MILLER JEARRAL	3 ITOM-TOM S	an Umaris State, Fe	ederal or Fee JEO 046153-A
Unit Letter H : 191	30 Feet From The NORTH LI		Form
7.4	~ •	ne and DOC Feet F	rom The EAST
Line of Section 34 Tow	nship 7-5 Range	31-E, NMPM, CH	AVES County
. DESIGNATION OF TRANSPORT	ER OF OH. AND NATURAL G	AC	
Name of Authorized Transporter of Oil	or Condensate		pproved copy of this form is to be sent)
SCURLOCK OIL		414 MIDAMERICAT	BIDG MIDIAND TEXOS
Name of Authorized Transporter of Cas	inghead Gas 🔲 or Dry Gas 🗍	Address (Give address to which a	pproved copy of this form is to be sent)
	Unit Sec. Twp. Rge.		
If well produces oil or liquids, give location of tanks,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When
If this production is commingled with	that from any other lease or pool		L
COMPLETION DATA		•	
Designate Type of Completion	n - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8.16-67	8-28-67	4081	4061
Elevations (DF, RKB, RT, CR, etc.) 4343 RDB	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	San Cindres	3926	AO25
	-22' WIZJSPF		
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	- SACKS CEMENT
2 /4	8 5/8*	355	300 51
7 78-	<u> </u>	4081	300 Jx
TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks		epth or be for full 24 hours)	
8-28-67	9-8-67	Producing Method (Flow, pump, ga	e lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
144	22	122	NA
GAS WELL			
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	·····		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANC			
CENTRICATE OF COMPLIANCE			
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19	
Commission have been complied with and that the information given shows is true and complete to the best of my knewledge and belief.		BY	
		TITLE	· *
043-NMOCC-1]			
I-NSW	) e e		in compliance with RULE 1104.
I-SUSP L PRJ (Signal)		If this is a request for al well, this form must be accom	lowable for a newly drilled or deepened npanied by a tabulation of the deviation
1- RRY (Signat) 1- OBP	Irea Supt_	tests taken on the well in ac	cordance with RULE 111.
I-UNIONTEX (Title		All sections of this form able on new and recompleted	must be filled out completely for allow- wells.
2. TSP	9-11-67	Fill out only Sections I	. II. III. and VI for changes of owner,
(Date	)	-	porten or other such change of condition.

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Deviation 5 Degrees Depth 0// 5/4 355 1325 14 1393 1 1895 2108 2939 -3296 3/4 3702 1-1 / s 4007

The above are true to the best of my know ledge.

Sworn to this date, September 11, 1967.

Notury Lublic Sur Der Lea Co. N. M. My Commission Expures 6-18-68