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L A N D O F F I C E		
TRANSPORTER	OIL	
	GAS	
O P E R A T O R		
P R O D U C T I O N O F F I C E		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1100RS OF ELONG  
Form 6104  
Supersedes Old C-104 and C-110  
Effective 1-1-65  
AUG 11 8 14 AM '67

(Deviation Surveys - Back Side)

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (check proper box)	
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

Well Name WASLEY	Well No. 7	Pool Name, including Formation CATO San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u>				
Line of Section <u>14</u> Township <u>8-S</u> Range <u>30-E</u> , NMPM, <u>CHAVES</u> 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"/> MOBIL PIPE LINE CORP	Address (Give address to which approved copy of this form is to be sent) Box 900, DALLAS, 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 L	Sec. 11
	Twp. 8	Rge. 30
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number:

CTB-162

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-31-67	Date Compl. Ready to Prod. 8-8-67	Total Depth 3670		P.B.T.D. 3649					
Elevations (DF, RKB, RT, GR, etc.) 4154' RDB	Name of Producing Formation San Andres	Top Oil/Gas Pay 3494		Tubing Depth					
Perforations 3494-3538 w/21SPF		Depth Casing Shoe 3670							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		253'		250				
7 7/8"	4 1/2"		3670'		300				

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 8-8-67	Date of Test 8-9-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 12 HOURS	Tubing Pressure 25	Casing Pressure 600	Choke Size 32/64"
Actual Prod. During Test 163	Oil - Bbls. 156	Water - Bbls. 7 BLW	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.

243- NMOC-14  
1-NSW  
1-WES  
1-SUSP  
1-RRY

E. Keith  
(Signature)  
Area Engineer  
(Title)  
8-10-67  
(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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.