

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico  
**REQUEST FOR (OIL) - (GAS) ALLOWABLE**

(Form C-101)  
Revised 7/1/57

**NEW WELL**  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

**Hobbs, New Mexico**

**1-13-61**

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

**Pan American Petroleum Corporation** **W. H. Fort A** Well No. **2**, in **NW**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**J** Unit Letter, Sec. **25**, T. **14S**, R. **37E**, NMPM., **Denton Wolfcamp** Pool  
**08**

**Lea**

County. Date Spudded **11-27-60**

Date Drilling Completed **1-11-61**

Please indicate location:

Elevation **3821 RIM** Total Depth **12,741** PBTD **9397**

Top Oil/Gas Pay **9352** Name of Prod. Form. **Wolfcamp**

PRODUCING INTERVAL -

Perforations **9352-65**

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe **12,741** Depth \_\_\_\_\_ Tubing **9382**

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

Test After Acid or ~~Stimulation~~ Treatment (after recovery of volume of oil equal to volume of Choke load oil used): **31** bbls. oil, **3** bbls water in **24** hrs, \_\_\_\_\_ min. Choke Size **Pop**

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **21,500 gallons acid**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks **12-21-60**

Oil Transporter **Service Pipe Line Company**

Gas Transporter **Atlantic Refining Co.**

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	350	310
9-5/8"	4726	433
5-1/2"	12741	560
2"	9382	

Remarks:

**Recompleted as Denton Wolfcamp well 1-11-61.**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved \_\_\_\_\_, 19\_\_\_\_

**Pan American Petroleum Corporation**

(Company or Operator)

Original Signed by:

By: **V. E. STALEY**

(Signature)

**OIL CONSERVATION COMMISSION**

By: \_\_\_\_\_

Title **Area Superintendent**

Send Communications regarding well to:

Title \_\_\_\_\_

Name **V. E. Staley**

**Box 68, Hobbs, New Mexico**