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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE HUBBS OFFICE O. C. C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DEC 8 12 55 PM '66

PAN AMERICAN PETROLEUM CORPORATION	
Bay 68 Hobbs N.M. 88240	
Reason(s) for filling (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	WELL: FORMERLY, PLAINS UNIT OPER. AREA #5
Incompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

South Lusk Wellcamp R 3195

II. DESCRIPTION OF WELL AND LEASE				
Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
PLAINS UNIT FEDERAL	5	WILDCAT WOLF CAMP	State, Federal or Fee Fed	LC: 065710
Unit Letter	1650	Feet From The	SOUTH	Line and
1980	Feet From The	EAST		
Section	28	Township	19-S	Range
32-E	NMPM,	LEA		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)					
TEXAS NEW MEXICO PIPE LINE Co.	Box 1510, MIDLAND, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
PHILLIPS PETRO CORP	PHILLIPS BLDG, ODESSA, TEXAS					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	28	19	32	YES	12-8-66

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X						X		X
Date Drilled	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-29-66	12-1-66	11605	11,290					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3583' RDB	WOLF CAMP	10719	1					
Perforations	Depth Casing Shoe							
10719-739 W/25 PF	11605							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	826'	750					
12 1/2"	10 3/4"	2698'	600					
9 7/8"	8 3/8"	4563'	250					
7 5/8"	5 1/2"	11605'	400					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-1-66	12-4-66	FLOWING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
21	880	-	30/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
304	304	0	474 (GOR-1560, G _g 44.6%)

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.	
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.	

03-111000-4
1-N50
1-CUBAYES
1-GUSP
1-ERY
1-OKSIL, MID

(Signature)
Area Supt
(Title)
12-5-66
(Date)