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SANTA FE	NEW MEXICO OF	L CONSERVATION COMMISSION ST FOR ALLOWABLES	Form C-104 Supersedes Old C-104 and C
FILE		AOND	C. Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO	TRANSPORT OILLAND MATLE	RAI GAS
LAND OFFICE		AM 16	6
TRANSPORTER OIL	<del> </del>		
OPERATOR GAS		-	
PRORATION OFFICE	$\dashv$		
Operator			
PAN AMERICAN PETROLEUM C	CORPORATION		
BOX 68, HOBBS, N. M. 88240			
Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain	n)
Recompletion		y Gas	
Change in Ownership		ndensate	
76.1			**************************************
If change of ownership give name and address of previous owner			
·			
DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Dare R-3731	f Lease Lease No
PLAINS UNIT FEDER			Federal or Fee
Location Location	CHL 1 -GOILDCHI-	DELAWARE	01135
Unit Letter D; 66	Feet From The NORTH	Line and 740	From The WEST
,	. ^ -		rom the WEST
Line of Section 33 To	ownship J-S Range	32-E, NMPM,	LEA Count
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL		
Name of Authorized Transporter of O	or Condensate		approved copy of this form is to be sent)
Name of Authorized Transporter of O	CORP (TRUCKS)	Address (Give address to which  BOX 3115, M1	DLAND TEXAS
Name of Authorized Transporter of O	CORP (TRUCKS)	Address (Give address to which  BOX 3115, M1	approved copy of this form is to be sent)  DIAND IEXAS approved copy of this form is to be sent)
Name of Authorized Transporter of O	or Condensate CORD (TRUCKS)	Address (Give address to which  BOX 3115, M1	DLAND TEXAS
Name of Authorized Transporter of O	or Condensate CORD (TRUCKS) Casinghead Gas or Dry Gas (Unit   Sec.   Twp.   Rge.	Address (Give address to which Address (Give address to which Is gas actually, connected?	DIAND TEXAS approved copy of this form is to be sent)
Name of Authorized Transporter of O.  THE PERMIAN  Name of Authorized Transporter of C.  If well produces oil or liquids, give location of tanks.	or Condensate CORD (TRUCKS) Casinghead Gas or Dry Gas (Twp. Rge. Twp. Rge. Typ. 19-5 32-	Address (Give address to which  Address (Give address to which  Is gas actually connected?	DIAND TEXAS approved copy of this form is to be sent)  When
Name of Authorized Transporter of O.  THE PERMIAN  Name of Authorized Transporter of C.  If well produces oil or liquids, give location of tanks.	or Condensate CORD (TRUCKS)  Casinghead Gas or Dry Gas   Unit   Sec.   Twp.   Rge.    D   33   19-5   32-  With that from any other lease or po	Address (Give address to which Address (Give address to which Is gas actually connected?	DIAND TEXAS approved copy of this form is to be sent)  When
Name of Authorized Transporter of O THE PERMIAN Name of Authorized Transporter of C  If well produces oil or liquids, qive location of tanks.  If this production is commingled w COMPLETION DATA	or Condensate CORD (TRUCKS)  asinghead Gas or Dry Gas or Dry Gas  Unit Sec. Twp. Rge.  7 J 33   9-5 32-  With that from any other lease or po	Address (Give address to which  Address (Give address to which  Is gas actually connected?  E  Ool, give commingling order numbe	DIAND TEXAS approved copy of this form is to be sent)  When  Plug Back   Same Res'v.   Diff. Res
Name of Authorized Transporter of O  THE PERMIAN  Name of Authorized Transporter of C  If well produces oil or liquids, give location of tanks.  If this production is commingled w  COMPLETION DATA  Designate Type of Completic	or Condensate CORD TRUCKS  resinghed Gas or Dry Gas Condensate CORD TRUCKS  resinghed Gas or Dry Gas Condensate Condensat	Address (Give address to which  Address (Give address to which  Is gas actually connected?  E Ool, give commingling order numbe	When  Plug Back   Same Restv.   Diff. Rest
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Name of Authorized Transporter of O.  THE PERMIAN  Name of Authorized Transporter of C.  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Complete Date Snudded OC  12-10-68  Elevations (DF, RKB, RT, GR, etc.)  Perforations	or Condensate CORD TRUCKS  asinghead Gas or Dry Gas  Unit Sec. Twp. Rge.  D 33 9-5 32-  With that from any other lease or po  I on - (X) Gas Well  Date Compl. Ready to Prod.	Address (Give address to which Address (Give address to which Is gas actually connected?  E Ool, give commingling order numbe New Well Workover Deep Total Depth Top Oil/Gas Pay	DIAND TEXAS approved copy of this form is to be sent)  When  Plug Back   Same Restv.   Diff. Restriction    P.B.T.D.    4795
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Name of Authorized Transporter of O.  THE PERMIAN  Name of Authorized Transporter of C.  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Complete Date Snudded OC  12-10-68  Elevations (DF, RKB, RT, GR, etc.)  Perforations	or Condensate CORD TRUCKS  asinghead Gas or Dry Gas or Dry Gas  Unit Sec. Twp. Rge.  D 33 19-5 32-  With that from any other lease or po  Oil Well Gas Well  Date Compl. Ready to Prod.  12-19-68  Name of Producing Formation  DELAWARE	Address (Give address to which Address (Give address to which Is gas actually connected?  E Ool, give commingling order numbe New Well Workover Deep Total Depth Top Oil/Gas Pay	DIAND TEXAS approved copy of this form is to be sent)  When  Plug Back   Same Res'v.   Diff. Res'v.    P.B.T.D.
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Name of Authorized Transporter of O.  THE PERMIAN  Name of Authorized Transporter of O.  If well produces oil or liquids, give location of tanks.  If this production is commingled w.  COMPLETION DATA  Designate Type of Complete Date Shudded—OC  12-10-68  Elevations (DF, RKB, RT, GR, etc.)  3569 RDB  Perforations  4712-32  HOLE SIZE  17 //2 "	or Condensate CORD TRUCKS  asinghead Gas or Dry Gas or Dry Gas or Dry Gas  Unit Sec. Twp. Rge.  D 33 19-5 32-  With that from any other lease or po  IOII Well Gas Well  IOI Gas Well  Date Compl. Ready to Prod.  12-19-68  Name of Producing Formation  DECAWARE  TUBING, CASING, A  CASING & TUBING SIZE  13 38"	Address (Give address to which Address (Give address to which Is gas actually connected?  E NO  ol, give commingling order numbe I New Well Workover Deep  Total Depth I 1589 Top Oil/Gas Pay 4712  AND CEMENTING RECORD DEPTH SET 835	DIAND TEXAS approved copy of this form is to be sent)  When  When  Plug Back   Same Res'v.   Diff. Res'v.    P.B.T.D.
Name of Authorized Transporter of O.  THE PERMIAN  Name of Authorized Transporter of C.  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completing Date Shudded  12-10-68  Elevations (DF, RKB, RT, GR, etc.)  3569 RDB  Perforations  4712-32  HOLE SIZE  17/2"	or Condensate CORD TRUCKS  resinghead Gas or Dry Gas or	Address (Give address to which  Address (Give address to which  Is gas actually connected?  E  Ool, give commingling order numbe  New Well Workover Deep  Total Depth  ISSA  Top Oil/Gas Pay  4712  AND CEMENTING RECORD  DEPTH SET  835  2654	DIAND TEXAS approved copy of this form is to be sent)  When  Plug Back   Same Res'v.   Diff. Res  P.B.T.D.  4795  Tubing Depth  4735  Depth Casing Shoe  11589  SACKS CEMENT  750
Name of Authorized Transporter of O.  THE PERMIAN  Name of Authorized Transporter of C.  If well produces oil or liquids, give location of tanks.  If this production is commingled w.  COMPLETION DATA  Designate Type of Completing Specific Completing Com	or Condensate CORD TRUCKS  resinghead Gas or Dry Gas or Dry Gas  Unit Sec. Twp. Rge.  D 33 19-5 32-  With that from any other lease or po  Oil Well Gas Well  Tote Compl. Ready to Prod.  12-19-68  Name of Producing Formation  DECAWARE  TUBING, CASING, A  CASING & TUBING SIZE  13 3/8"  10 3/4"  8 5/8"	Address (Give address to which Address (Give address to which Is gas actually connected?  E NO  ol, give commingling order numbe I New Well Workover Deep  Total Depth I 1589 Top Oil/Gas Pay 4712  AND CEMENTING RECORD DEPTH SET 835	DIAND TEXAS approved copy of this form is to be sent)  When  Plug Back   Same Res'v.   Diff. Res  P.B.T.D.  4795  Tubing Depth  4735  Depth Casing Shoe  11589  SACKS CEMENT  750  900  CEB+4505x Carc
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Name of Authorized Transporter of O  THE PERMIAN  Name of Authorized Transporter of O  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Complete Date Shudded—OC  12-10-68  Elevations (DF, RKB, RT, GR, etc.)  3569 RDB  Perforations  4712-32  HOLE SIZE  17 /2"  12 /4"  91/9"  7 /8"  TEST DATA AND REQUEST FOIL WELL  Date First New Cil Run To Tanks  12-29-68  Length of Test  / 2 HRS	or Condensate CORD TRUCKS  asinghead Gas or Dry Gas or Dry Gas  Unit Sec. Twp. Rge.  Date Compl. Ready to Prod.  12-19-68  Name of Producing Formation  DECAWARE  TUBING, CASING, A  CASING & TUBING SIZE  13 3/8"  10 3/4"  8 3/8"  5 1/2"  FOR ALLOWABLE (Test must be able for this  Date of Test.  12-30-68  Tubing Pressure	Address (Give address to which  Address (Give address to which  Is gas actually connected?  E OO  ol, give commingling order numbe  I New Well Workover Deep  Total Depth  11589  Top Oil/Gas Pay  4712  AND CEMENTING RECORD  DEPTH SET  835  2654  4582  11589  re after recovery of total volume of low depth or be for full 24 hours)  Producing Method (Flow, pump,  SWABE FLOW  Casing Pressure	Approved copy of this form is to be sent)  When  Plug Back   Same Res'v.   Diff. Res  X   X   X    P.B.T.D.   4735  Depth Casing Shoe  11589  SACKS CEMENT  750  900  CEB+4505x Cuc  105x +3005x  and oil and must be equal to or exceed top allowas lift, etc.)  Choke Size
Name of Authorized Transporter of O  THE PERMIAN  Name of Authorized Transporter of O  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Complete Date Shudded—OC  12-10-68  Elevations (DF, RKB, RT, GR, etc.)  3569 RDB  Perforations  4712-32  HOLE SIZE  17 /2"  12 /4"  91/9"  7 /8"  TEST DATA AND REQUEST FOIL WELL  Date First New Cil Run To Tanks  12-29-68  Length of Test	or Condensate CORD TRUCKS  asinghead Gas or Dry Gas or Dry Gas  Unit Sec. Twp. Rge.  D 33 IG-S 32-  With that from any other lease or po  IOI Well Gas Well  IOI Gas Well  Date Compl. Ready to Prod.  12-IG-G8  Name of Producing Formation  DECAWARE  TUBING, CASING, A  CASING & TUBING SIZE  13 3/8"  10 3/4"  8 5/8"  5 1/2"  FOR ALLOWABLE (Test must be able for this COLL Bable.	Address (Give address to which  Address (Give address to which  Is gas actually connected?  E	Approved copy of this form is to be sent)  When  Plug Back   Same Res'v.   Diff. Res  X   X   X    P.B.T.D.   4735  Depth Casing Shoe    I 589  SACKS CEMENT   750    900   CEB+4505x Cuc.    100 5x +300 5x cuc    100 5x +
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Name of Authorized Transporter of O  THE PERMIAN  Name of Authorized Transporter of O  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the Spandad of tanks.  Designate Type of Completing to the Spandad of the S	or Condensate CORD TRUCKS  asinghead Gas or Dry Gas or Dry Gas  Unit Sec. Twp. Rge.  D 33 IG-S 32-  With that from any other lease or po  IOI Well Gas Well  IOI Gas Well  Date Compl. Ready to Prod.  12-IG-G8  Name of Producing Formation  DECAWARE  TUBING, CASING, A  CASING & TUBING SIZE  13 3/8"  10 3/4"  8 5/8"  5 1/2"  FOR ALLOWABLE (Test must be able for this COLL Bable.	Address (Give address to which  Address (Give address to which  Is gas actually connected?  E	Approved copy of this form is to be sent)  When  Plug Back   Same Res'v.   Diff. Res'v.    P.B.T.D.
Name of Authorized Transporter of O  THE PERMIAN  Name of Authorized Transporter of O  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Complete Date Shudded—OC  12-10-68  Elevations (DF, RKB, RT, GR, etc.)  3569 RDB  Perforations  4712-32  HOLE SIZE  17'/2"  12/4"  91/9"  71/9"  TEST DATA AND REQUEST FOIL WELL  Date First New Cil Run To Tanks  12-29-68  Length of Test  12 HRS  Actual Prod. During Test  1// GAS WELL  Actual Prod. Test-MCF/D	or Condensate  CORD (TRUCKS)  asinghead Gas or Dry Gas	Address (Give address to which  Address (Give address to which  Is gas actually connected?  E NO  ol, give commingling order numbe  New Well Workover Deep  Total Depth  11589  Top Oil/Gas Pay  4712  AND CEMENTING RECORD  DEPTH SET  835  2654  4582  11589  re after recovery of total volume of low depth or be for full 24 hours)  Producing Method (Flow, pump,  SWAB & FLOW  Casing Pressure	DIAND TEXAS approved copy of this form is to be sent)  When  Plug Back   Same Res'v.   Diff. Res'  X  P.B.T.D.  4795  Tubing Depth  4735  Depth Casing Shoe  11589  SACKS CEMENT  750  900  Clip + Asosx Cuc.  100 5x + 300 5x  ad oil and must be equal to or exceed top allo  gas lift, etc.)    Choke Size    Gas-MCF
Name of Authorized Transporter of O  THE PERMIAN  Name of Authorized Transporter of O  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the Spandad of tanks.  Designate Type of Completing to the Spandad of the S	or Condensate CORD (TRUCKS)  asinghead Gas or Dry Gas Welling One (X)    Date Compl. Ready to Prod.	Address (Give address to which  Address (Give address to which  Is gas actually connected?  E NO  ol, give commingling order numbe  New Well Workover Deep  Total Depth  11589  Top Oil/Gas Pay  4712  AND CEMENTING RECORD  DEPTH SET  835  2654  4582  11589  re after recovery of total volume of low depth or be for full 24 hours)  Producing Method (Flow, pump,  SWAB & FLOW  Casing Pressure	DIAND TEXAS approved copy of this form is to be sent)  When  Plug Back   Same Res'v.   Diff. Res'  X  P.B.T.D.  4795  Tubing Depth  4735  Depth Casing Shoe  11589  SACKS CEMENT  750  900  Clip + Asosx Cuc.  100 Sx + 300 Sx  ad oil and must be equal to or exceed top allogas lift, etc.)  Choke Size  Gas-MCF

## VI.

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.

1- NSW 1- NMOCC H	
I- SUSP I- RRY	(Signature) AREA SUPERINTENDENT
1- 08P 1- JEL	(Title) DEC 3 0 1968
1- MOBIL	(Date)

SUPERVISOR DISTRICT

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.

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