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**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

Form C-105  
Revised 1-1-65

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.  
**A-1212**

1a. TYPE OF WELL  
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

b. TYPE OF COMPLETION  
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

7. Unit Agreement Name

8. Farm or Lease Name  
**STATE A-2 RIAA**

9. Well No.  
**35**

10. Field and Pool, or Wildcat  
**HOBBS GSA**

2. Name of Operator  
**PAN AMERICAN PETROLEUM CORPORATION**

3. Address of Operator  
**BOX 68, HOBBS, N. M. 88240**

4. Location of Well  
UNIT LETTER **G** LOCATED **1650** FEET FROM THE **NORTH** LINE AND **1650** FEET FROM THE **EAST** LINE OF SEC. **9** TWP. **19-S** RGE. **38-E** NMPM

12. County  
**LEA**

15. Date Spudded **1-9-70** 16. Date T.D. Reached **1-16-70** 17. Date Compl. (Ready to Prod.) **1-20-70** 18. Elevations (DF, RKB, RT, GR, etc.) **3612' R.D.B.** 19. Elev. Casinghead **-**

20. Total Depth **4222'** 21. Plug Back T.D. **4222'** 22. If Multiple Compl., How Many **-** 23. Intervals Drilled By Rotary Tools **O-TD** Cable Tools **-**

24. Producing Interval(s), of this completion - Top, Bottom, Name  
**4207'-21' San Andres**

25. Was Directional Survey Made **-**

26. Type Electric and Other Logs Run  
**GAMMA RAY- NEUTRON**

27. Was Well Cored **-**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24 #	307	12 1/4"	250 Sx	
5 1/2"	14 #	4222	7 7/8"	475 Sx	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8	4210	

31. Perforation Record (Interval, size and number)  
**4207-21' W/25SPF**

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4207-21	1000 gal 15%

33. PRODUCTION

Date First Production **1-20-70** Production Method (Flowing, gas lift, pumping - Size and type pump) **Swab** Well Status (Prod. or Shut-in) **PRODUCING**

Date of Test <b>1-22-70</b>	Hours Tested <b>8</b>	Choke Size <b>-</b>	Prod'n. For Test Period <b>-</b>	Oil - Bbl. <b>62</b>	Gas - MCF <b>79</b>	Water - Bbl. <b>41</b>	Gas - Oil Ratio <b>1281</b>
Flow Tubing Press. <b>-</b>	Casing Pressure <b>-</b>	Calculated 24-Hour Rate <b>-</b>	Oil - Bbl. <b>186</b>	Gas - MCF <b>238</b>	Water - Bbl. <b>123</b>	Oil Gravity - API (Corr.) <b>35°</b>	

34. Disposition of Gas (Sold, used for fuel, vented, etc.) **Sold** Test Witnessed By **-**

35. List of Attachments  
**none**

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED **1-22-70** TITLE **AREA SUPERINTENDENT** DATE **1-22-70**

## INSTRUCTIONS

and shall be tested for the depth of the hole by the General Inspector or his assistants after the completion of any newly-drilled or re-drilled well. If the well is comparatively shallow, the electrical and air-density logs shall be run, and a summary of all special tests conducted, including all such tests, shall be submitted. In deeper water shall be measured and reported in the case of directional drilled wells, true vertical depths shall also be reported. For marine completion, logs of the depth shall be reported for each core. The log is to be filed in duplicate except on still logs, where six copies are required. See Appendix 5.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION C, STATE:

### Southeastern New Mexico

T. Ann 1564  
T. Salt 1654  
B. Salt 2730  
T. Yates \_\_\_\_\_  
T. 7 Rivers \_\_\_\_\_  
T. Queen \_\_\_\_\_  
T. Grayburg 3980  
T. San Andres 4090  
T. Glorietta \_\_\_\_\_

T. Canyon \_\_\_\_\_  
T. Straw \_\_\_\_\_  
T. Atoka \_\_\_\_\_  
T. Miss \_\_\_\_\_  
T. Deven \_\_\_\_\_  
T. Sturman \_\_\_\_\_  
T. Montoya \_\_\_\_\_  
T. Simpson \_\_\_\_\_  
T. \_\_\_\_\_

## Northwestern New Mexico

T	Two Alans	_____
T	Portland-Princeton	_____
T	Planned Cuffs	_____
T	Craft House	_____
T	None for	_____
T	Point Lookout	_____
T	Manes	_____
T	Gullip	_____

T. ena "E" \_\_\_\_\_  
T. ena "C" \_\_\_\_\_  
T. ena "D" \_\_\_\_\_  
T. adville \_\_\_\_\_  
T. adison \_\_\_\_\_  
T. bert \_\_\_\_\_  
T. Cracken \_\_\_\_\_  
T. enacio Cizte \_\_\_\_\_

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	GAS
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

HOBBS C B-2

(DEVIATION SURVEYS-BACK SIDE)

I.

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

Lease Name STATE A-2 R/A A	Well No. 35	Pool Name, Including Formation HOBBS GSA	Kind of Lease State, Federal or Fee	Lease No. STATE A-1212
Location Unit Letter G 1650 Feet From The NORTH Line and 1650 Feet From The EAST				
Line of Section 9 Township 19-S Range 38-E NMFM, 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)	
SHELL PIPE LINE Co.	MIDLAND 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)	
PHILLIPS PETROLEUM Co.	BARTLESVILLE OKLA	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 9
	Twp. 19	Rge. 38
	Is gas actually connected? YES	

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-2

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 1-9-70	Date Compl. Ready to Prod. 1-20-70		Total Depth 4222'		P.B.T.D.			
Elevations (LF, RNB, RT, GR, etc.) 3612' R.D.B.	Name of Producing Formation GSA		Top Oil/Gas Pay		Tubing Depth			
Perforations 4207-21					Depth Casing Shoe 4222'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 307'		SACKS CEMENT 250			
7 7/8"	5 1/2"		4222'		475			

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 1-20-70	Date of Test 1-22-70	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 8	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 103	Oil-Bbls. 62	Water-Bbls. 41	Gas-MCF 79 (GOR-12 B/ Csg 35°)

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.

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.

O-4-NMCCC-N

1-17012

1-050P

1-3050

1-1225

(Signature)  
AREA SUPERINTENDENT

(Title)

1-22-70

(Date)

DEVIATION SURVEYS

<u>DEPTH</u>	<u>DEGREE</u>
550	$\frac{1}{2}$
798	$\frac{1}{2}$
1048	$\frac{3}{4}$
1290	$1\frac{1}{4}$
1540	$\frac{3}{4}$
2040	1 -
2270	1 -
2520	$1\frac{1}{4}$
3140	"
3371	"
3765	$1\frac{1}{2}$
3965	1 -
4222	$1\frac{1}{4}$

The above are true to the best of my knowledge.

Ssworn to this date, January 22, 1970.

Ed. J. Parkland

Notary Public in & for Lee Co. Tex  
My Commission Expires 6-18-72