

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

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - ~~LEASE~~ ALLOWABLE

HOBBS OFFICE O. C. C.

~~XXXXXXXX~~
New Well
Recompletion

JUN 1 8 41 AM '64

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 QUADRUPLICATE 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

May 29, 1964

(Place)

(Date)

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

Pan American Petroleum Corporation State "C" Tr. 13, Well No. 8, in NW 1/4, NW 1/4,

(Company or Operator)

D, Sec. 36, T. 21-S, R. 37-E, NMPM., Blinebry (Oil) Pool

Unit Letter

Lee

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County. Date 4-28-64 Date Drilling Completed 5-26-64
Elevation 3379' RDB Total Depth 6600' PBD 6580'

Top Oil/Gas Pay 5724' Name of Prod. Form. Blinebry

PRODUCING INTERVAL -

Perforations :P 5724-5890', Various intervals W/2 SPF

Open Hole Depth 6600' Casing Shoe 5850' Tubing 5850'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 23 bbls.oil, 0 bbls water in 24 hrs, _____ min. Size Intermittent

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): 1000 gal acid; Frac 20,000 gal oil, 20,000 sand, 4,000 beads

Casing Press. _____ Tubing Press. 220 Date first new oil run to tanks 5-23-64

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter Warren Petroleum Corp.

Remarks:

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
V. E. STALEY

By: _____ (Signature)

Title: Area Superintendent

Send Communications regarding well to:

V. E. Staley

Name: _____

Address: Box 68 - Hobbs, New Mexico - 88240

OIL CONSERVATION COMMISSION

By: _____

Title: _____