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N W MEXICO OIL CONSERVATION Santa Fe. New Mexico

COMMISSION

Revised 7/1/57

REQUEST FOR (OIL) - (CAS) ALLOWARLE New Well Recompletion OPERATOR This form shall be submitted by the operator before an initial allowage of the beassigned 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 recompletio. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Can must be reported on 15.025 psia at 60° Fahrenheit. Hobbs, New Moxico July 11, 1963 (Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Pan American Petroleum Corp. D. E. Howse "B" , Well No. 1 , in SE 1/4 SE 1/4, (Lease) (Company or Operator) Sec. 11 T 20S R 38E NMPM, House-San Andree Pool O/C 6-10-63 Date Designation Completed Lea County. Date Experies Elevation 3575 RDB Total Depth 81329 PBTD 43153 Please indicate location: Top Oil/Gas Pay 1.261. Name of Prod. Form. Gan Andres PRODUCING INTERVAL -42641-43 31. Various intervals 8/2 SPF E F G Ħ 4298 ____Casing Shoe Open Hole OIL WELL TEST -Ι L K J Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 6 bbls, oil, 18 bbls water in hrs, min. Size 16 P M GAS WELL TEST -Natural Prod. Test: MCF/Day; Hours flowed Choke Size 660 FSXE Lines (FOOTAGE) Tubing Casing and Cementing Record Method of Testing (pitot, back pressure, etc.):____ Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Size Sax __Method cf Testing:__ Choke Size_ 300 305 13-3/8 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 3000 gal acid 950 9~5/8 4530 Tubing Press. 160 7-11-63 300 oil run to tanks_ 5-1/2 7660 Indiana Gil Perchasing Co. (Prucks) Oil Transporter 211 L288 Gas Transporter_ Frank List I de la lace I hereby certify that the information given above is true and complete to the best of my knowledge. Pan American Petroleum Corporation Approved....., 19......, Original Stan(Company or Operator) By:..... OIL CONSERVATION COMMISSION (Signature)

Title

Title Area Superintendent Send Communications regarding well to: Name V. 3. Staley

Address Box 68 - Hobbs, New Mexico