

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

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

HOBBS OFFICE O. C. C.

(Deviation Surveys on Back Side)

New Well
Recompletion

APR 30 10 58 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 QUADRUPPLICATE 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

April 29, 1964

(Place)

(Date)

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

Pan American Petroleum Corporation O. J. Gailbally "B"

Well No. 11, in SE 1/4 NW 1/4,

Company or Operator

20-S

11-17-63

Wier Blinberry (Oil)

Pool

U.S. Letter
104

County. Date Spudded 10-29-63

Date Drilling Completed 11-17-63

Elevation 5549' RMB

Total Depth 6829' PBD

6250'

Please indicate location:

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

1900' FM I W Lines

Top Oil/Gas Pay 5694'

Name of Prod. Form.

PRODUCING INTERVAL -

Perforations 5694'-5963' Various intervals w/ 1 shot planes

Open Hole

Depth 6829'
Casing Shoe

Depth 6022'
Tubing

OIL WELL TEST -

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): 67 bbls. oil, 6 bbls water in 24 hrs, _____ min. Size Pmp

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 _____ gal acid; from 15,000 gal oil, 15,000 gal sand

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks 4-23-64

Oil Transporter The Permian Corp. (Trucks)

Gas Transporter None

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved APR 30 1964, 19

Pan American Petroleum Corporation

Original Signature of Operator
V. E. STALEY

OIL CONSERVATION COMMISSION

By: _____

Title _____

By: _____ (Signature)

Area Superintendent

Title _____ Send Communications regarding well to:

V. E. Staley

Name _____ Address Box 64 - Hobbs, New Mexico

EVIATION SURVIVIS

<u>DEPTH</u>	<u>DEGREES OFF</u>
117	1/2
727	3/4
1000	3/4
1200	1
1550	1
1845	1
2435	1-3/4
2656	2-1/4
2700	1-3/4
2900	1
3271	1-1/4
3505	1-1/4
3700	1-1/2
3830	3/4
4048	3/4
4190	1
4670	1-3/4
4860	1-1/2
5500	3/4
5658	1
5854	1-1/4
6006	1
6170	1
6430	3/4
6600	1/2
6829	1/4

The above are true and correct to the best of my knowledge and belief.




V. E. Staley, Area Superintendent

Sworn and subscribed to this 29th day of April, 1964.



My Commission Expires



G. D. Durham, Notary Public
in and for Lea County, New Mexico