| | - | | M. | • (append 1) (1) | | | | |
|------|---|--|---|--|--|--|--|--|
| | , | | • | | | | | |
| - 1 | NO. OF COPIES RECEIVED | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION | | | | | | | |
| ĺ | SANTA FE | REQUEST | FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-110 | | | | |
| | FILE | | Effective 1-1-65 | | | | | |
| | U.S.G.S. | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | |
| | LAND OFFICE | | | | | | | |
| | TRANSPORTER OIL | (DEVIATION SU | \mathbf{A} | | | | | |
| | GAS | (DEVIATION OU | ·) | | | | | |
| | OPERATOR | • • • • | | - . | | | | |
| 1. | PRORATION OFFICE | ء <u>سا</u> ب مراجع من المراجع م | | | | | | |
| | Operator | | | | | | | |
| | PAN AMERICAN PETROLEUM CO | DRPORATION | | | | | | |
| | BOX 68, HOBBS, N. M. 88240 | ` | | | | | | |
| | Reason(s) for filing (Check proper box) | | Other (Please explain) | ····· | | | | |
| | New Well | Change in Transporter of: | | | | | | |
| | Recompletion | Oil Dry Ga | s | | | | | |
| | Change in Ownership | Casinghead Gas 📃 Conder | nsate | | | | | |
| | | | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | | |
| | and address of previous owner | LINDECICN | ATED | · · · · · · · · · · · · · · · · · · · | | | | |
| П. | DESCRIPTION OF WELL AND L | EASE OTDEDIGIN | ormation D-25120 Kind of Lease | · · · · · · · · · · · · · · · · · · · | | | | |
| | Lease Name | Well No. Pool Name, Including F | | | | | | |
| | GILLULLY "B" FEDERA | L 12 CASS PEN | N(EXT) State, Federal | or For FED 031736(b) | | | | |
| | Location | | 1000 | | | | | |
| | Unit Letter; | O Feet From The <u>SOUTH</u> Lin | e andFeet From 7 | The EAST | | | | |
| | | 200 2 | | | | | | |
| | Line of Section Town | nship 20-S Range 3 | 7-E, NMPM, LEI | - County | | | | |
| | | | | | | | | |
| ш. | DESIGNATION OF TRANSPORT | | Address (Give address to which approv | ved copy of this form is to be sent) | | | | |
| | TIC DEPRIVATION | TOUCHE) | BOYZILO MIDION | ID TEXAC | | | | |
| | Name of Authorized Transporter of Casi | Inghead Gas or Dry Gas | Address (Give address to which approv | ved copy of this form is to be sent) | | | | |
| | | | | | | | | |
| | | Unit Sec. Twp. Ege. | Is gas actually connected? Whe | n | | | | |
| | If well produces oil or liquids, give location of tanks. | J 22 20 37 | No | | | | | |
| | If this production is commingled with | | give commingling order number: | ······································ | | | | |
| IV. | COMPLETION DATA | · · · · · · | | | | | | |
| | | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | | | |
| | Designate Type of Completion | | | | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | |
| | 6-9-68 | 7- 18-68 Name of Producing Formation | 77/2' | | | | | |
| | | | Top Oil/Gas Pay | Tubing Depth , | | | | |
| | 3595. R.D.B. | STRAWN | 770/ | 7705 Depth Casing Shoe | | | | |
| | Perforations | | | | | | | |
| | 7701-10 W/2 | JSPF | CEMENTING RECORD | | | | | |
| | HOLESIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | |
| | 17 1/2 " | 13 3/8 " | 318 | 350 | | | | |
| | 12 1/4 " | 9 5/8" | 3783 | 1350 | | | | |
| | <u> </u> | 7 '' | 7711' | 700 | | | | |
| | Q/¥ | | | | | | | |
| v | TEST DATA AND REQUEST FO | RALLOWABLE (Test must be a | fter recovery of total volume of load oil a | and must be equal to or exceed top allow- | | | | |
| •• | OIL WELL | able for this de | epth or be for full 24 hours) | | | | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lif | (, etc.) | | | | |
| | 7-18-68 Length of Test | 7-24-68 Tubing Pressure | PUMPING | Choke Size | | | | |
| | | Tubing Pressure | Casing Pressure | | | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bble. | Gas-MCF / 602-192 | | | | |
| | Actual Prod. During Test | 172 | | 33() | | | | |
| | <i>116</i> | 112 | | | | | | |
| | CAS WELL | • | | | | | | |
| | 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 | | | | |
| | | | | | | | | |
| VΥ | CERTIFICATE OF COMPLIANO | ۲ <u>۲</u> | | TION COMMISSION | | | | |
| ¥ 1. | CERTIFICATE OF COMPERANC | | | \sim | | | | |
| | I hereby certify that the rules and r | emulations of the Oil Conservation | APPROVED | | | | | |
| | Commission bound been complied W | rith and that the information viven. | | The | | | | |
| | above is true and complete to the | beat of my knowledge and belief. | BY | | | | | |
| | | ~ | TIT/E | | | | | |
| - | | | This form is to be filed in c | compliance with RULE 1104. | | | | |
| (| H 3- NMOCC-14 (| \searrow | 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 allow- able on new and recompleted wells. Fill out only Sections I. U. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. | | | | | |
| | I-NGW (Signa | atwe) | | | | | | |
| | I-OBP | AREA SUPERINTENDENT | | | | | | |
| | 1- 503P (Tit | | | | | | | |
| | 1- RRY | 1-26-68 | | | | | | |
| | (Da | ite) | well name or number, or transport | t be filed for each pool in multiply | | | | |
| | 1 | 1 | Separate Forms C-104 mus completed wells. | . he tried for each boot in marchia | | | | |
| | 1 | | 11 ••••••••••••••••••••••••••••••••••• | | | | | |

| Fill ou | t only s | Sections | I, U, | , III | and | VI for | change: | f condition. |
|------------------------|----------|------------|--------|--------|-------|---------|---------|--------------|
| well name o | r number | r, or tran | sporte | 11, or | other | such c | hange o | |
| Separat completed w | e Formi | . C-104 | must | ъe | filed | for eac | h pool | in multiply |

1

| DEVIATI | ON SURVEYS |
|----------------|-------------------|
| DEPTH | D GG RECS _OFF |
| 822 | 1/2 |
| 1323 | 3/4 |
| 1826 | 1 /4 |
| 2253 | 2 /1 |
| 2370 | 1"/2 |
| 2496 2681 | |
| 2818 | 1 /4 |
| 3016 | - |
| 3389 | 1/2 |
| 3680 | 3/4 |
| 3783 | 120 |
| 4360 | 1- |
| 4854 | 1- |
| 5361 5624 | ~/4 |
| 5756 | 1- |
| 5950 6190 · | " 3/4 |
| 6480 | 11 |
| 6835 | 1 - |
| 7711 | 1/2 |

The above are true to the best of my know ledge.

Sworn to this date, July 26, 1968.

_ Flitacaheer

Notary Public In and You Lea County new Mexico. My Commission expires 6-18-72.