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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

(DEVIATION SURVEYS)  
BACK SIDE

I. Operator  
PAN AMERICAN PETROLEUM CORPORATION

Address  
BOX 68, HOBBS, N. M. 88240

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name GILLULLY "B" FEDERAL	Well No. 13	Pool Name, Including Formation WEIR DRINKARD-OIL	Kind of Lease State, Federal or Fee FED	Lease No. LE 031736(b)
Location Unit Letter <u>G</u> ; <u>2086</u> Feet From The <u>NORTH</u> Line and <u>1874'</u> Feet From The <u>EAST</u> Line of Section <u>22</u> Township <u>20-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> 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"/> THE PERMIAN CORP (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) Box 3115, 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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-12-68	Date Compl. Ready to Prod. 9-14-68	Total Depth 7805'	P.B.T.D. 7310'					
Elevations (DF, RKB, RT, GR, etc.) 3451' RDB	Name of Producing Formation LOWER DRINKARD	Top Oil/Gas Pay 6781'	Tubing Depth					
Perforations 6781-89, 6809-16, 24, 33-38			Depth Casing Shoe 7805					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"	324'		350				
12 1/4"	9 5/8"	377.7'		1350				
8 3/4"	5 1/2"	7805'		1050				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks 9-16-68	Date of Test 9-17-68	Producing Method (Flow, pump, gas lift, etc.) FLW	
Length of Test 24	Tubing Pressure 25-100	Casing Pressure -	Choke Size 48/64
Actual Prod. During Test 306	Oil-Bbls. 70	Water-Bbls. 236	Gas-MCF NA

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.

043-NMOCC-14  
1-NSU  
1-OBP  
1-JEL  
1-SUSP  
1-RRY

(Signature) AREA SUPERINTENDENT  
(Title)  
(Date) 9-20-68

OIL CONSERVATION COMMISSION

APPROVED  
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.

# DEVIATION SURVEYS

<u>DEPTH</u>	<u>DEGREES OFF</u>
324 -	1 -
816 -	3/4
1360 -	1 -
1608 -	1/4
2157 -	1/2
2490 -	1 1/4
2740 -	"
2814 -	1 -
3180 -	3/4
3496 -	1/2
3648 -	1 -
4373 -	3/4
4900 -	1 1/2
5477 -	1 1/4
5873 -	3/4
7177 -	1 1/4
7648 -	1 1/2

The above are true to the best of my knowledge.



Sworn to this date, September 23, 1968

DR Morken  
notary Public In & For Lea Co. N.M.  
My Commission Expires 6-18-72