

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

RECOMPLETION
Recompletion

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
(Place)

1-27-61
(Date)

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

Pan American Petroleum Corporation State **"N"**, Well No. **2**, in. **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)

D Unit Letter, Sec. **32**, T. **22S**, R. **30E**, NMPM., **Blinchry** Pool
Recomp. **OC**

Lea County. Date ~~Exp. 12-13-60~~ Date ~~Recompletion~~ Completed **1-25-61**

Please indicate location:

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

Elevation **3383 DF** Total Depth **6970** PBTD **5688**

Top Oil/Gas Pay **5618** Name of Prod. Form. **Blinchry**

PRODUCING INTERVAL -

Perforations **5618'-5673' w/2JSPT**
Open Hole _____ Depth _____
Casing Shoe **6876** Depth _____
Tubing **5990**

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): **53** bbls. oil, **23** bbls water in **24** hrs, _____ min. Size **2 1/2"**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4"	296	250
7-5/8"	2986	500
5-1/2"	6876	150
2"	5990	

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): **3000 gal. 15% + 6000 gal sand frac w/5400# Sn.**

Casing Tubing Date first new _____
Press. **1K** Press. **50-200** oil run to tanks **1-21-61**

Oil Transporter **Texas-New Mexico Pipe Line Co.**

Gas Transporter **Warren Petroleum Corporation**

Remarks:

This well recompleted from Brinkard Oil Pool to Blinchry Oil Pool.

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

Approved _____, 19____

Pan American Petroleum Corporation

Original Signed by (Company or Operator)
V. E. STALEY

By: _____
(Signature)

Title **Area Superintendent**
Send Communications regarding well to:

Name **V. E. Staley**
Address **Box 68, Hobbs, New Mexico**

OIL CONSERVATION COMMISSION

By: _____
Title _____