

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

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-10)
Revised 7/1/57

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

New Well
~~XXXXXXXX~~
Recompletion

This form is to 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

10-18-60

(Place)

(Date)

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

Pan American Petroleum Corp.

State AJ

Well No. 6

in SW

SW

1/4

(Company or Operator)

(Lease)

M Unit Letter

Sec. 30

T. 25S

R. 38E

NMPM.

Justis Fusselman

Pool

Lea

County. Date Spudded 9-17-60

Date Drilling Completed

10-13-60

Please indicate location:

Elevation 3069' RDB

Total Depth 7020'

PBTD

6986'

Top Oil/Gas Lay 6818

Name of Prod. Form. Fusselman

PRODUCING INTERVAL -

Perforations 6938-54 w/2SPT

Open Hole

Depth

7020'

Casing Shoe

Depth

6962'

Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

Test After Acid ~~XXXXXXXX~~ Treatment (after recovery of volume of oil equal to volume of

load oil used): 140 bbls. oil, 11 bbls. water in 18 hrs, _____ min. Choke Size 30/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8"</u>	<u>320</u>	<u>250</u>
<u>9-5/8"</u>	<u>3200</u>	<u>250</u>
<u>7"</u>	<u>7020</u>	<u>600</u>
<u>2"</u>	<u>6962</u>	

Method of Testing (bottom, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid ~~XXXXXXXX~~ Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal 15%

Casing _____ Tubing _____ Date first new _____

Bricks 0-Pkr Dr. ss. 50 If run to tanks 10-16-60

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter _____

Remarks:

Completed 10-18-60 as flowing oil well.

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

Approved _____

Pan American Petroleum Corporation

(Company or Operator)

Signed by _____

(Signature)

OIL CONSERVATION COMMISSION

By [Signature]

Area Superintendent

Send Communications regarding well to:

Title _____

Name J. W. Brown

Box 66, Hobbs, New Mexico