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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR ~~(Oil)~~ - (GAS) ALLOWABLE

~~Section~~
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)

11-21-60
(Date)

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

Pan American Petroleum Corp. South Mattix Unit Well No. 11, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

N Unit Letter, Sec. 22, T. 24S, R. 37E, NMPM., Fowler Paddock Pool

Lea County. Date Spudded 11-4-60 Date Drilling Completed 11-9-60

Please indicate location:

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

Elevation 3243 RDB Total Depth 7901 PBTD 4865

Top Oil/Gas Pay 4810 Name of Prod. Form. Paddock

PRODUCING INTERVAL -

Perforations 4810-35

Open Hole _____ Depth _____ Casing Shoe 7901 Depth _____ Tubing 4807

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

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: 2100 AOF MCF/Day; Hours flowed 29

Choke Size Various Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 3000 gallons 15% regular acid.

Casing _____ Tubing _____ Date first new Press. Flat Press. 1500 oil run to tanks None

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: * In recompletion operations, casing was perforated and cement circulated.

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

Approved _____, 19. _____

Pan American Petroleum Corporation

(Company or Operator)

Original Signed by

By: J. W. BROWN

(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title: Area Superintendent

Send Communications regarding well to:

Title _____

Name: J. W. Brown

Address: Box 68, Hobbs, New Mexico