

No. RECEIVED	
DISTRIBUTION	
SANT	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE
(Deviation Surveys on Attachment)

HOBBS OFFICE
Nov 13 06 PM
New Mexico
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

November 7, 1963

(Place)

(Date)

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

Pan American Petroleum Corporation South Mattin Unit, Well No. 15, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)
A Sec. 22 T. 24S R. 37E, NMPM, Fowler Eilenberger Oil Pool

Lea

County Date Spudded 8-29-63

Date Drilling Completed 10-12-63

Please indicate location:

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

Elevation 3264' ROE Total Depth 9900' PBTD 9707'

Top Oil/Gas Pay 9660' Name of Prod. Form. Eilenberger

PRODUCING INTERVAL -

Perforations 9660-9700 1/2 SPT

Open Hole Depth 9900 Casing Shoe Depth 9707 Tubing

OIL WELL TEST -

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

Test After Acid ~~25-30%~~ Treatment (after recovery of volume of oil equal to volume of load oil used): 100% bbls. oil, 0 bbls water in 24 hrs, _____ min. Choke Size 20/64"

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: _____ 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): _____

Casing Press. 525 Tubing Press. 145 Date first new oil run to tanks 10-21-63

Oil Transporter Shell Pipe Line Corp.

Gas Transporter El Paso Natural Gas Co.

Remarks: _____

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 (Company or Operator)

V. E. STALEY

By: _____ (Signature)

Area Superintendent

Title _____

Send Communications regarding well to:

Name V. E. Staley

Address Box 68 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: Leslie N. Clements

Title _____