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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

HOBBS OFFICE 9. C. C.  
Form C-104  
Supersedes Old C-104 and C-110  
1-65  
DEC 13 10 29 AM '65

(DUAL COMPLETION)

I. Operator San American Petroleum Corp  
Address Box 68, Hobbs NM  
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) Formerly Vented

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Mattix Unit Well No. 18 Pool Name, including Formation Fowler-Lower Yeso R-3987 Kind of Lease FED  
Location Unit Letter G; 1980 Feet From The North Line and 1830 Feet From The East  
Line of Section 22, Township 24-S Range 37-E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
SHELL PIPE LINE CORP Box 1910 MIDLAND, TEXAS  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
EL PASO NATURAL GAS CO. Box 1384 JAL N.M.  
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 15 Twp. 24 Rge. 37 Is gas actually connected? YES When NA  
(EPNG Stamp 638840)

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

0-4 NMCC  
1-JWB  
1-JMG  
1-Susp

(Signature)

Area Foreman

(Title)

12-9-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

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 Sections I, II, III, and VI only 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 multiple completion wells.

FORM 33 2-57

PAN AMERICAN PETROLEUM CORPORATION

ENGINEERING CHART  
(TRACING)SUBJECT SOUTH MARTIN Unit No. 15 (F-22-24-57)DIAGRAMMATIC SKETCH OF DUAL COMP. EOPT.

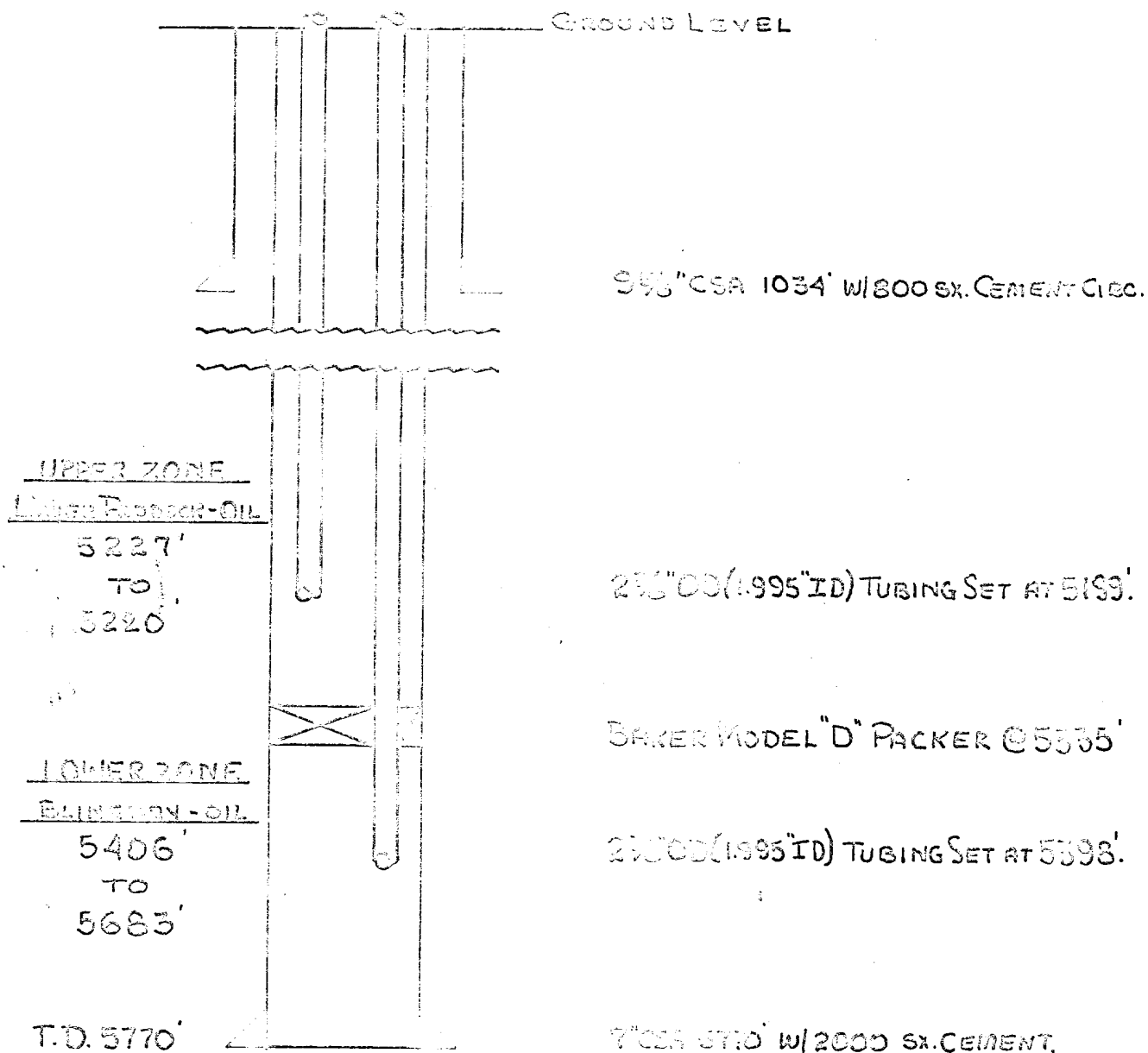
SHEET NO. \_\_\_\_\_ OF \_\_\_\_\_

FILE \_\_\_\_\_

APP. \_\_\_\_\_

DATE \_\_\_\_\_

BY \_\_\_\_\_



DIST: 2-NMOC-NOOCS  
1-NMOC-SANTA FE  
1-JWB  
1-WF

RRY 10-25-65