

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

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) (GAS) ALLOWABLE (MULTIPLE COMPLETION)

New Well
Recompletion

Oct 18 8 30 AM '63

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

October 11, 1963

(Place)

(Date)

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

Pan American Petroleum Corporation South Mattix Unit, Well No. 14, in NE 1/4 Sh 1/4,
(Company or Operator) (Lease)

K Sec. 15, T. 24-S, R. 37-E, NMPM., Fowler Tubb-Gas Pool
Unit Letter

Lea

County. Date Spudded 6-25-62 Date Drilling Completed 7-16-62

Please indicate location:

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

1980' FS x W Lines

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8"	1068'	475
7"	6403'	500
2"	6085'	

Elevation 3264 RDB Total Depth 6403 PBD 6155

Top Oil/Gas Pay 5936 Name of Prod. Form. Tubb

PRODUCING INTERVAL -

Perforations 5936 - 6115'

Open Hole Depth 6403' Casing Shoe Depth 6085' Tubing

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: 2900 MCF/Day; Hours flowed various

Choke Size various Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 2000 gallons acid

Casing Press. _____ Tubing Press. various Date first new oil run to tanks

Oil Transporter Shell Pipe Line Corporation

Gas Transporter El Paso Natural Gas Company

Remarks:

Multiple Completed w/Blinberry & Paddock

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: V. E. STALEY (Signature)

OIL CONSERVATION COMMISSION

Title: Area Superintendent

Send Communications regarding well to:

Name: V. E. Staley

Address: Box 68 Hobbs, New Mexico

By: _____

Title: _____