NEW TEXICO OIL CONSERVATION COMM Santa Fe, New Mexico

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

REQUEST FOR (ATH) - (GAS) ALLOWABLE

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 7:09 4. 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 (Date)
WE ARI	E HERE	EBY RI	EQUEST	ING AN ALLOWABLE FOR A WELL KNOWN AS:
-Pan-Am	erican Company	- Petr	oleum (orporation, State D. Tr.14, Well No2, in
				(Lease) , T24-S, R.37-E, NMPM.,Langlie Mattix
Lea	·····	••••	••••••••••	County. Date Spidded8-27-56 Date Detal fine Completed 11-5-56
Pl	ease ind	icate lo	cation:	PBID 2700
D	C	B	A	Top Oil/Gas PayName of Prod. Form PRODUCING INTERVAL -
E	F	G	H ·	Perforations 3230-35,3270-3315,3350-3415,3450-65,3474-3484
				Casing ShoeTubing_3206
L	K	J	I	OIL WELL TEST - Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size_
			·	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N	0	Р	Choke load oil used):bbls.oil,bbls water inhrs,min. Size
			X	GAS WELL TEST -
c. 16,				Natural Prod. Test:MCF/Day; Hours flowedChoke Size
			ting Recor	d Method of Testing (pitot, back pressure, etc.):
Size		ret 	Sax	Test After Actor of Fracture Treatment:MCF/Day; Hours flowed
13-3/81	310	•⊥	380	Choke Size 3/1 Method of Testing: 24 hours
9-5/8	9-5/8" 3839		625	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
				sand): 20,000 gallons oil and 20,000# sand Casing Tubing Date first new
	_			PressPressoil run to tanks
				Oil Transporter
				Gas Transporter El Paso Natural Gas Company
lemarks:.	••••••		••••••••••••	
••••••		••••	•••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••		••••		
I here	by certi	fy that	the infor	mation given above is true and complete to the best of my knowledge.
pproved	••••••			
о	il con	یا NSERV	ATION	COMMISSION By: ALAR HULlickton
4	6	11		(Signature)
y:		Ľ,	101	TitleField Superintendent
itle	••••••	2	Joon	District I Send Communications regarding well to:
		7	/	NameR

Address...Box.68, Hobbs, New Mexico